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## In Unity There is Strength

There can be little doubt that, behind many of our difficulties in working out more unified national projects, lies the British North America Act. The interpretation of this constitution gives to the nine provinces of Canada wide legislative power, but due to the differences in location, size and natural resources of these same provinces, we observe wide financial variation with resulting inequality of possibilities. A country split into such units, each an entity in itself, is of course democratic, stimulating to provincial enterprise and wholesome rivalry; but with a population of twelve million dispersed in this way, it lacks the cohesive force necessary to national strength and development. Such a background is reflected in every phase of Canadian life. More especially do we recognize this influence in our educational and health services.

Our nursing association is likewise scattered and distributed. Each provincial organization has developed its own constitution, provincial laws and systems. Thus it is that we tend to develop provincially and many activities must, of necessity, be planned according to this arrangement. As we face the impact of

*Climo Studios, Saint John*

MARION MYERS

social changes, especially in health services, it is inevitable that experiments must be tried and new developments studied. If we are to make our best contribution every method toward unity, insofar as our present framework permits, must be utilized. The latest form of activity is Placement Bureaux. In most of the provinces, the initial step in this sudden development was, of course, stimulated through Government Grant funds, together with the need to know our own resources. The National Committee on Placement Bureaux is to be congratulated for suggesting that some sort of co-ordinating influence be brought into these scattered services at once.

The setting up of a diversity of schemes leads to duplication and greater overhead. The National Committee on Nursing School Records has been trying for some time to bring out a set suitable for the whole of Canada. The variety they have encountered shows the need to study our Placement Bureaux records before they, too, become difficult to mould. From the out-look of a small province plunging into this experiment it becomes evident that such a service cannot maintain itself well provincially. Such factors as a small area, limited funds and number of members, even apart from wartime, superimpose limitations.

Nurses, on the whole, move about a very great deal. This characteristic has been even more stimulated through the war years. Interprovincial contacts were made through more post-graduate courses. Many married nurses moved back and forth from Vancouver to Halifax following their husbands. Others, caught by the restlessness of the time, moved anyway, a practice most upsetting to a stable service but, in the long run, producing a consciousness of Canada as a whole and a bond of unity among our scattered people.

In the meantime, as the machinery for better co-ordination gets warmed up, the provincial experiments are having a try-out and we shall doubtless learn much from this sporadic outburst.

In the United States, where Placement Service is older and better established, we observe the trend toward larger units for more effective results. Unity does not come through creating diversity, rather let National leadership and direction give rise to the provincial branch whose reaching out and experimentation is only valuable as it blends into a well co-ordinated national structure.

MARION MYERS
*President*
*New Brunswick Association of Registered Nurses.*

## Twilight

Here comes the twilight so silently creeping,
Holding the garments of night in her hand;
Day has departed with laughter and weeping
Flinging its dew to the slumbering land.

There in the western skies tapestries hanging,
Arching the mountain tops white with their flame,
God is the artist of that lovely etching
Painting a picture that's never the same.

Afar in the woodlands the song thrush is singing
Caroling vespers—how sweet the refrain,
From the deep shadows your love strain is ringing,
Pervading the twilight with beauty and pain.
Grant that life's day so quietly drifting,
Slipping through shadows of night to its goal—
May in the twilight see the curtain uplifting—
Revealing God's anthem of love to the soul.

E. JAMESON
*Calgary General Hospital*

# The Place of Mental Hygiene and Mental Nursing in this Reconstruction Period

G. H. Stevenson, M.D.

It is interesting to note changing emphasis in the programs of scientific bodies for their annual meetings. To us in the nursing and medical professions these changes in our own programs are especially noteworthy. This new interest is due not only to an increasing recognition of the importance of this subject but also to a changing concept on the part of psychiatry as to the extent of its field and to the gradually emerging close relationship between physical and mental, a relationship which actually demonstrates that physical and mental are not separate entities, but rather two closely interrelated aspects of health. As doctors and nurses we are now realizing that we are not caring for the physical aspects of disease, but that we are caring for *people*, endeavouring to keep them in the best possible health, physical and mental. When they become ill we think primarily of them as sick persons, sick perhaps both mentally and physically, whom it is our joint responsibility to bring back to good health.

This union of the mental and physical aspects of health has resulted in a new concept of medicine, now known as psychosomatic medicine. This word need not alarm anyone as it is only the Greek roots of mind and body, the psyche and the soma, and please note there is not even a hyphen between the two parts of this word, indicating again the indivisibility of health, but indicating nevertheless that health has at least these two aspects.

I do not propose to discuss this concept at any length, but do desire to indicate that much physical disease has a mental element, that disturbed emotions can and do influence such somatic expressions as peptic ulcer, hypertension, cardiac symptoms, insomnia, fatigue, skin conditions, metabolism, allergic conditions; that the individual's attitude to his disease may greatly influence its severity and its outcome; that people may be made delirious by disturbed emotions; that many emotional disturbances can and do produce a great variety of physical symptoms, as seen so commonly in the war neuroses; that emotional disturbances are often the result of environmental difficulties and adjustment problems with which the public health nurse is constantly confronted and challenged to do something. Conversely, purely physical diseases lower our mental health, decrease our efficiency and feeling of well-being, produce emotional instability and conduct disorders, and when emotions are made unhealthy, by physical illness or any other cause, we may not think clearly and logically, may even develop delusions.

This brief summary indicates something of the remarkable transition of psychiatry from its former narrow field of the psychoses as seen in mental hospitals, unrecognized by physicians and nurses alike, as cases of illness coming within their sphere of professional interest, to its present integration with general medicine and its increasing centralization in the general hospital. It indicates also why the medical and the nursing student are no longer well-trained for their respective tasks unless they are thoroughly conversant with the psychological factors in disease and the relationship of the environment as a whole to health as a whole, that is, public health or social medicine.

This does not mean that psychiatry is no longer interested in the psychoses. This large group, occupying as many hospital beds as all other sick people combined, is a constant challenge to our respective professions. I prefer to use the word delirious to psychotic as, in my opinion, these two names are equivalents, and because we cannot refuse responsibility for delirious patients. Our mental hospitals are hospitals for the care and treatment of delirious persons. These delirious states may be due to physical or mental etiology, or a combination of the two. They may be of short or long duration, but they are definitely our joint responsibility. This means that the nursing of the patients in these hospitals, not only the physical nursing but all the nursing of both women and men alike, should be directed by a qualified director of nursing, and that every ward should be directed and supervised by a broadly trained registered nurse, assisted by other registered nurses and subsidiary non-professional staff. Nor should such nursing be necessarily limited to women nurses. The nursing profession should train male nurses for, in the nursing care of delirious persons, registered men nurses should be a valuable group.

In the general hospital we find an increasing tendency to have a psychiatric ward or service. Certainly every general hospital should have a unit for the diagnosis, proper treatment and nursing care of delirious patients. Such units should be for short intensive therapy and only the more severe or protracted delirious patients should be sent on to the provincial mental hospital. In every general hospital there will also be non-delirious mental conditions, the neurosis and mental complications of physical diseases. The nurse has her part not only in the use of the modern "shock" therapies, hydrotherapeutic techniques, some occupational and physiotherapeutic assistance but also in the psychotherapeutic approach. She has a right to know the full nature of the patient and his illness, so far as the doctor may be aware of it, and should expect to collaborate with him in everything that may be for the patient's welfare.

Psychotherapy is a broad and perhaps rather vague term to many of us. Actually it means the attempts we make to influence favourably the psychic aspects of the patient's health by the direct or indirect use of mental elements in our own personalities. Direct psychotherapy might involve an analysis of the patient's life experiences, his mode of thinking, his reactions to his environment. It might call for hypnotic or narco-hypnotic treatment and analysis, as has been used so much in war neuroses. It might entail strong positive suggestions to the patient; it might involve re-education of the personality, encourage better sublimations and healthier escape mechanisms. Indirectly, the personality might need to be built up by the strengthening of the somatic features by appropriate medication, diet, exercise, etc. The whole attitude of the doctor and the nurse to the patient is important, their success in encouraging his will to be well, the degree to which by their tact they secure his co-operation, the example they show the patient in their own attitudes to life and its problems. All these are psychotherapeutic considerations. The division of psychotherapeutic responsibility between the doctor and the nurse should be well understood in the same way that the surgeon and the surgical nurse divide their responsibilities. Only the surgeon makes the diagnosis, only the surgeon makes the incision. The nurse makes the preparation, she assists him with the operation, she is largely responsible for the after-care. Similarly in psychotherapy the physician will have to assess the factors and make the diagnostic evaluation. He may have to cut into the depths of the patient's consciousness, at times painfully; he will have to develop the therapeutic program. The nurse's part will be that of full co-operation with the doctor, being careful not to work at cross purposes with him, to go no further with the probing or dressing of mental wounds than the doctor instructs, to protect the patient's personality from unnecessary injury in either its psychic or somatic aspects; she develops the patient's confidence in his ability to recover and in the treatment program; she takes part in the re-educational and sublimative features; she emanates optimism and encouragement; she shows a healthy personality reaction to her own life and her job. This brief survey of psychotherapy does not attempt anything more than an indication of its importance, additional features of which should be included in every nurse education curriculum.

Psychosomatic medicine has an increasing importance in the out-patient department of general hospitals, in children's hospitals, in buterculosis hospitals, in hospitals for chronic diseases, in hospitals for the aged and in home nursing. Hospitals for the care of the aged (geriatrics), a counterpart to hospitals for the care of children (pediatrics), are urgently needed. With the old age group, a constantly increasing group, having a high incidence of mental enfeeblement as well as physical degeneration, such hospitals serving geographical areas will be found to fill a real need, will prevent the overcrowding of mental hospitals, and will provide a broad field for nursing skills.

Mental hygiene, preventive psychiatry, is a part of the broad field of preventive medicine in which both doctors and nurses have a part. Preventive psychiatry involves the right to be well-born, to have intelligent, well-adjusted parents, capable of giving good health training to the young; it involves good housing, a balanced and sufficient diet, good habit formation, well-conducted schools (and well-conducted teachers), decent economic opportunities and good international relations. Obviously the doctor and nurse cannot be responsible for all of these things but it is certainly our duty to know the various factors which influence mental health and to give leadership in the movement for good health in its physical and mental aspects.

In the prevention of mental disorders and the preservation of good mental health the public health nurse holds a key position. The first rule for keeping mentally fit is to keep physically fit, so that whatever the public health nurse does for physical fitness and the avoidance of communicable disease, in decent housing, and decent food must make for better mental health. Better pre-natal, obstetrical and post-natal care contribute to this end. The public health nurse is in a position to appraise other factors in the home which may have an influence on mental health — economic security, domestic happiness, good ethical standards, emotional stability, affection, example set — if these be good the effect will be good, if they be poor, the effect is likely to be adverse. Broken homes, foster parents, invalidism, dependence, anti-social behaviour — all these may have significant influences on growing children and need to be handled with care.

The mental health clinic has been a development of recent years and has served a very useful purpose in assisting physicians, parents and the schools with early or incipient mental disorders or behaviour problems of an unhealthy nature. In Ontario there have been travelling clinics covering every part of the province, although not as extensively as could be desired. In order to enlarge and improve this service the Department of Health plans additional clinics as soon as trained staff are available. Ultimately these clinics will be divorced from the mental hospital and will become a part of the services of the municipal health unit, along with other clinics, dental services, etc.

The personnel of such clinics has usually consisted of a physician, a social worker, a psychologist and a secretary. You will note that a nurse is not a member of this group, in spite of the fact that it deals with the health of people in its largest aspects. The reason for this omission lies in the historical development of the mental health clinic, having its origin in the United States in connection with state mental hospitals. These hospitals have had relatively few registered nurses as members of their staffs, most of the actual care of the delirious patients having devolved upon non-professional personnel. The comparative lack of interest of the nursing profession in severe mental illness and their employment in such small numbers made them a relatively unimportant group in the psychiatric set-up. Parallel with this nursing indifference there was a marked growth of interest among social workers in the problems relating to the environment as contributing to mental illness, a movement which led to the development of a specially trained group known as psychiatric social workers. These persons are primarily social workers who have taken additional training in psychiatric factors. We adopted the United States type of clinic personnel, even though few of our social workers had had previous psychiatric experience. The social worker without psychiatric nursing experience is undoubtedly handicapped in such work. The registered nurse, psychiatrically trained but lacking in certain aspects of social work, would be similarly handicapped in this important preventive field.

I am not at all sure that the nursing profession wishes to undertake this additional field of responsibility but it is a field to be greatly enlarged and it is definitely in the field of preventive medicine. I would recommend it to your serious consideration. The mental health clinic may be one of the most remarkable achievements in the post-war period. In the same way that every contact with a case of active tuberculosis is examined by a tuberculosis clinic so every child and adult in contact with a frankly mentally ill person should be examined by a mental health clinic. Mental illnesses, like tuberculosis, are always due to exposure to adverse influences and that old superstition, defective inheritance, need be no more regarded than it is in tuberculosis. It is probable that Boards of Education, at least in the larger centres, will in time develop their own guidance clinics for school children. The public health nurse, in the role of the school nurse, working with the doctor, the teacher, the psychologist and the parent, will be an important and constructive member of such an organization.

In the field of family care of mentally ill patients and in the care of patients returned to their homes from mental hospital there is no question that these functions belong to the nurse rather than the social worker. It should be realized that the fruit of the mental hospital is to be found in the number of patients it is able to return to the community. The importance, therefore, of keeping these people well in their homes and of returning them to employability, or at least good social adjustment, cannot be overstressed and should be a nursing responsibility. It is both home nursing and public health nursing to a marked degree and should be adequately staffed. There is little gain if we spend weeks and months aiding a person back to good mental health unless we do our best to provide an environment in which that personality can thrive.

In summing up, therefore, I would emphasize the responsibility of the medical and nursing professions for all people in their health relationships, keeping them well and restoring them to health when ill. I would stress the concept of health as a psychosomatic unity, not divided into physical and mental. Sick people have to be nursed in their homes and in hospitals of all types and most sicknesses have a psychological element, small in some predominantly physical ailments, large in others and in the deliria seen in mental hospitals. In the broad field of preservation of mental health, an attempt has been made to indicate the role of the nurse in public health, in the mental health clinic, in the school, in the out-patient department. The nurse, in addition to being a well-trained bedside nurse, needs training in public health, in social medicine, in mental hygiene principles and psychotherapy.

# Mental Hygiene and Hospital Nursing

### Laura W. Fitzsimmons

That mental hygiene should be a part of all nursing is a fact too elementary to need mentioning, yet, strange as it may seem, all too often mental hygiene has been more conspicuous by its absence than by its presence in the curriculum of the student nurse.

There are several angles from which I should like to approach this subject — first, as to guidance or the practice of mental hygiene in relation to adjustment of the nurse herself. I am happy to say that in recent years we have made progress at least to the extent of recognizing that there is a place for mental hygiene and guidance in the development of the nurse, but we in the United States are far from an achievement of this goal. Almost ten years ago the League of Nursing Education published the Curriculum Guide for schools of nursing which had for its central theme "The Adjustment Aim", but we have continued to subject the young woman who comes into a school of nursing to a pattern of discipline and repression which is not conducive to self-development and those who emerge as individuals do it in spite of, and not because of our educational system. For instance, many of the young women who enter our schools of nursing, and especially those who have enrolled during wartime, have been to college or have been earning a living with full responsibility for themselves. As student nurses they are directed for practically every minute of the twenty-four hour day, and subjected to discipline in most instances if they fail to transform quickly from individual to automaton and to conform consistently to a stereotyped pattern. After this crippling process of approximately three years, we expect the nurse to assume full responsibility for herself and for others. It seems to me that we have here a whole field for the application of mental hygiene in the form of guidance which will stimulate and direct the young women who come into our schools of nursing. Do not misunderstand me and believe that I am advocating a lack of moral training or responsibility. On the contrary, I believe that we would have a higher degree of total development with fewer eliminations from the student body if we set about to study ways and means of aiding the development of the students by understanding their problems and encouraging their special talents, rather than disregarding the concept of individual differences, attempting to pour them all into the same mould inwardly even as we have patterned their uniforms outwardly. This has been very forcibly brought to our attention in regard to the apparent necessity for drafting nurses into the army. Over and over one heard the remark made, "Why didn't they tell us what to do?" or "We were just waiting to be told what we should do" or "Now I shall go in. I was just undecided". So great has been the response to President Roosevelt's message that an actual draft may not be needed. But the point is that our lack of the practice of good mental hygiene has tended to atrophy in the nurse the most prized of all human possessions, that of individuality, and the freedom that comes from reasoned choices. An entire paper could be written upon this subject but I shall pass on to other angles of this topic.

Proceeding more directly to the hospital situation—for years we have talked of well-rounded programs of education for student nurses, yet with more beds in the United States occupied by mental patients than by all others combined we have fourteen states that give no courses whatsoever in psychiatric nursing (January, 1944, survey) although everyone of those states have schools of nursing. What does this mean? Briefly this, that while money has been spent lavishly to recruit student nurses and to prepare them, many of our mentally ill are being cared for by people untrained in psychiatric nursing. Because so many of our nurses were untrained in the care of mental patients, the army has had to establish courses in psychiatric nursing. It is indeed a shocking situation when graduate professional nurses, who are taken into the army as commissioned officers, must return to the status of students and the army, under the burden of war, be forced to complete the necessary education for these nurses before they can adequately meet the army's present needs. This should make us hide our faces in shame at the job we have done or rather failed to do. Until every nurse is prepared to care for mental cases, we will not have learned the lesson of this mistake.

With regard to the thirty-four states giving courses in psychiatric nursing — these range from an elective course taken by a few students to a specified course as pre-requisite to registration. At this time three states and the District of Columbia require this in the basic program before the nurse can obtain her license to practice. The most prevalent type of course is the affiliation ranging from eight weeks to sixteen weeks, the trend being toward the shorter periods following the compression of the entire course of study under the United States Cadet Nurse Corps plan. There are also basic courses where the nurse receives two years of her education in the mental hopsital and one year in the general hospital. These, however, are very few, being actually only thirty-two out of a total of 1,307 accredited schools of nursing in the United States. There are also senior cadet programs in psychiatric nursing. Under wartime planning, the formal class work has been placed in the first thirty-month period of the three-year program leaving the last six months for optional work by the student where she really functions as a relief for the graduate nurse. During this period many of the students choose a mental hospital, thus adding this experience if it has not been given or supplementing, in some instances, a short affiliation.

Dr. Pratt* has said that (in the United States) already more than three hundred thousand men have been discharged for psychiatric conditions and about thirty thousand more are being discharged each month. This does not take into consideration the acceleration in mental illness among the civilian population as a result of the broken homes and other maladjustments associated with global war.

What are we going to do to stem the tide? How will we, as nurse educators, meet the problem? What provisions are we making for the future or even to care for the more than half million mental patients that are presently with us? Call these post-war plans, or planning for the future, or what you will. Briefly, what we, who are concerned with psychiatric nursing, propose is this: First, to encourage and strengthen the basic schools in every possible way. Second, to use the psychiatric hospitals for affiliate courses for students in the general school of nursing to the extent that this will become a part of the education of every nurse. While it is conceded that a few weeks or months spent as an undergraduate student does not make a clinical specialist in psychiatric nursing this should be a valuable experience to the nurse in many ways. It should give her a better understanding of all of her patients, and thus contribute immeasurably to her efficiency in the general hospital. No hospital and no field of nursing is without its psychiatric problems whether they be so labelled or not. Mind and body are not separate entities, but parts of a whole and one cannot be considered except in relation to the other.

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*Pratt, George K., M.D., "Soldier to Civilian — Problems of Readjustment". Whittlesey House, New York, 1944. p. 15.

We have come a long way during the last twenty-five years in establishing this concept. Only a few years ago mental illness was considered hopeless and custodial care was the accepted treatment. We have seen that picture change. Now many of the large medical treatment and research centres have their psychopathic departments even as they have pediatrics, obstetrics and others. Psychosomatic medicine is so permeating the picture that the nurse and physician of the future cannot afford not to have this preparation. You will be interested to learn that one of our universities having a psychopathic department also has a number of beds on halls in the general hospital where patients are being treated by physicians of the department of psychiatry, without being transferred to the psychopathic unit. These are, of course, selected cases but it is a novel procedure, and merits mention as a trend. That psychiatry for all nurses is not impossible of achievement has been demonstrated by the fact that it is being required already by three states and the District of Columbia. If by these, why not by all? Such a program would give an introduction to psychiatry and undoubtedly many nurses, after graduation, would seek this as a field for further endeavour. Under the present system, many of our nurses graduated every year have never been inside of a mental hospital and, therefore, are often as apprehensive and fearful as a lay person when in contact with a case of frank mental disorder. A further significant contribution from such a program should be that of developing the personality of the nurse herself. Any course in psychiatric nursing which does not make the nurse more tolerant, more tactful, more observant and withal better able to adjust to life situations has failed in its purpose.

The chief handicap to the realization of this goal of study is a lack of competent leaders to establish and direct such courses. Knowing that the supply has never been adequate, little relief can be expected with the cessation of hostilities and consequent return of nurses to civilian life. We believe that the approach to this will have to be made through the establishment of post-graduate courses. In 1942 and 1943, post-graduate courses had practically ceased to exist. In hospitals visited in the United States during those two years, there has been recorded a total of only four graduate students enrolled. Naturally young nurses are not going to take time for this when they are so greatly needed for immediate service. However, the colleges and universities do not report such a drastic curtailment in enrolment. Therefore, in order to attract students and raise the level of psychiatric nursing education, it was thought desirable to work out co-operative arrangements between some of the universities with established curricula in nursing and certain of the better psychiatric hospitals. This, it was thought, would lead to post-graduate courses of a higher caliber and consequently, more satisfactory than many given heretofore.

It is a fact that by far the larger number of the so-called post-graduate courses were in reality prolonged bedside courses at an undergraduate level. True the nurse had graduated, but often it was her first introduction to psychiatric nursing. Frequently, the lectures for graduate and student nurses were combined. As a consequence, the post-graduate course became merely an extension of the basic preparation. The graduate student, who came to the course with previous psychiatric nursing experience, often was disappointed with her program because she received little more than her sister who had a basic affiliate course. While bedside courses have much to recommend them, they do not prepare the leaders in psychiatric nursing so urgently needed at this time.

Hospitals are primarily service institutions and few have the educational staffs for advanced teaching. Universities, on the other hand, serve this particular purpose. Does it not seem reasonable, therefore, to combine the two?

With this in mind, plans for such courses were evolved and eight have already been established. The first of these was between the Catholic University of America and St. Elizabeth's Hospital, a mental institution of over seven thousand beds in Washington, D.C., and the second was at the University of Minnesota and the Rochester State Hospital. During the survey period of my work the best course for graduate students that I came upon anywhere was that given in Ontario. It furnished much of the inspiration and pattern for the courses which we have subsequently established. An article which appeared in the December, 1944, issue of the *American Journal of Nursing* gave the details of this program as to its organization and curriculum content.

This discussion has centred around the registered nurse or the student who expected to become a registered nurse. You are, of course, familiar with the concept of nurse education fostered by Miss Nightingale, who, wise woman that she was, advocated the preparation of two types or groups of nurses. Those less well-qualified prior to training were entered as probationers; the better educated who were the potential leaders were called the lady probationers. The schools of nursing lost this concept early and the whole drive has been to have only graduate nurses prepared and those upon the basis of higher and higher standards. This has worked many hardships upon the hospitals, the patients and the nurses. Until the United States Cadet Nurse Corps came into existence, as an emergency measure, our plan of education of a nurse was expensive to her which in turn made her service costly and reduced the number of nurses in direct proportion to the elevation of the standards for admission. Yet, no provision was made by the nursing profession to prepare others at a lower level for the less specialized duties not requiring the high degree of intelligence and skill as those performed by the professional nurse. With the large numbers of patients in mental hospitals, few psychiatric nurses, and with budgets often too low to employ those that might have been available, the mental institutions have depended to a great extent upon attendants for nursing care. There have been no courses developed for this group except by the individual hospitals, and in a few instances by the State Departments of Mental Hygiene as an over-all syllabus. Lacking a standard curriculum, the range has been from no instruction to courses out of all proportion to the status of the position or the duties to be performed. Such a system is time-consuming, economically wasteful and leads to a variety of techniques. Plans are now being made for recognized courses for attendants and practical nurses. Fifteen states now issue a license to practical or vocational nurses as they are often called.

In summary, the major trends in psychiatric nursing are as follows:

1. To include psychiatry in the program of every student nurse.
2. To establish post-graduate courses which will be truly what the term implies, courses at the graduate level.
3. To establish relatively uniform courses for attendants and practical nurses on the basis of a curriculum.

## Preview

**During the past five years there has been an astounding increase in the number of nurses engaged in industrial health services throughout Canada. The Committee on Industrial Medicine of the Canadian Medical Association has adopted for use here the "Standing Orders for Nurses in Industry" formulated by the Industrial Health Council of the American Medical Association. In order that all Canadian nurses may have ready access to these standing orders, they are to be included in the August issue of the *Journal*.**

# Occupations for the Sick Child

GERTRUDE M. WATTS

Occupations for sick children may be divided into two groups: those planned as specific treatment, when occupational therapy has been prescribed, and those given in response to the plea of the convalescent child "What can I do now?" The nurse is often the one to whom the plea is made. The following activities are suggested to create a happy atmosphere for your patients, to make them more content and co-operative and thus help to maintain treatment.

Most children have a great deal of energy, and after the acute stage of illness this desire for activity should be directed into constructive channels. Children in bed have little outlet for their energies, especially when treatment necessitates immobility or limitation of movement. If no opportunity is given for constructive occupation, frequently destructive behaviour is the result. Many occupations can be adapted, with a little ingenuity, for the child in bed.

Before he goes to school the child learns by investigating the objects about him, and imitating the actions of the people in his home. If a patient's convalescence will be long we should see that he does not miss the everyday things which he would normally learn if his environment were not limited. In his daily occupations the child of preschool age should be gradually absorbing knowledge of colour, shape, size and proportion. He should learn how to play with toys, colour with crayons, cut with scissors, and to count. These are all things which he will be expected to know when he goes to school. His activities should be as nearly like those of a well child as his illness will permit.

In hospital occupations may be individual or group activities depending on the circumstances and the hospital set-up. Sick children tend to individual play in contrast to well children who tend to play in groups. Where possible it is advisable to include the sick child in group projects or in group games. It makes him less self-centred, and adds to his interests and happiness, for children are sociable little people and like other children. Unless they are given some guidance and help from the adults who are caring for them, group play is difficult. Frequently the occupation must be individual as there is a wide difference in the requirements of the patients.

## EIGHTEEN MONTHS TO FOUR YEARS

From the age of eighteen months to four years we find that occupations do not differ very much for boys and girls. At this age the span of attention is short, and the child should not be given a large and bewildering collection of toys at one time. The easy way is to make up his bed, give him all his toys, and expect him to be happy and amuse him-

*Listening for the "click".*

self. Usually he tires of them all in a few minutes and begins the fascinating game of throwing them over the side of his crib. It is better to give him one or two playthings for half an hour then, if he seems to be getting bored with them, remove them, allow time for a short rest and provide him with a new toy for the next hour. This method requires planning but it is well worth it. Small children enjoy the same toy each day for a surprising number of days if they do not have it long enough each day to tire of it. Some little thing about it can be changed to make it seem new and interesting.

Toys for the tiny child may include:

1. A bright balloon tied to the side of the crib. If the patient is lying down it can be suspended from a cord stretched taut from one side of the crib to the other side.

2. Spools painted bright colours and arranged on a strong cord in the same way. These may be varied by painting the spools like a train and showing the baby how to make it go across his bed on the cord as if it were going over a bridge. Another variation can be made by substituting for the spools blocks that have pictures on them (especially pictures in relief that the child can feel) or small animals, little bells, boats, tiny dolls or toy soldiers. If the cord is fastened so that it is taut and secure, it is difficult for the patient to put the toys in his mouth and they do not slip out of his reach and fall on the floor. The articles may have holes drilled through them or be fastened by loops of string so that they will move back and forth on the suspended cord.

3. A Noah's ark with the animals. It may be varied by removing the ark and replacing it by a barn, a house, trees and fences so that it can be used as a farm.

4. Blocks. There are many different kinds. The "Hi-Lo" blocks, with raised ridges on the sides so that one block fits into another block, are easy to handle. Nests of blocks are popular since they can also be used as little boxes.

5. A sea shell that sings a song like the sea.

6. A colour cone consisting of a base with an upright peg and several disks of different colour and size. A hole in the centre of each disk makes it possible to slip the disk over the peg.

*Using the spinal mirror.*

All children of this age enjoy toys which involve fitting objects into a container, removing them, and replacing them. Of this kind are peg boards, large and small, with coloured pegs, simple puzzles, and beads and spools for stringing. To make it easy for the beginner to thread beads the end of the lace may be stiffened by dipping it into shellac.

If it is difficult to obtain equipment, a little ingenuity can readily make substitutes. Dowelling can be cut into lengths and painted for pegs. The peg board can be made from scrap wood with holes bored in it. Spools or large buttons will serve as beads. Many little children will be quite happy dropping large beads into a cardboard tube, made from the roll in which calendars are mailed. One end is closed by sticking cotton over it and the roll is painted a bright colour. The child is given twelve or fifteen beads, the tube, and a box, and shown how to fill it up with beads, then dump them out in the box. The beads make a delightful "click" as they fall on each other in the cylinder and a grand noise as they are dumped out again — very satisfying to a two-year-old in bed.

A bed table of the right height will make your patient more comfortable as he plays. If one is not available, one of the heavy cardboards which come with x-ray films will make a satisfactory substitute.

Some children are imaginative in their play and will always be able to happily occupy themselves. It is the ones who do not know how to play, and who, given equipment, do not know how to use it, who will need your help. After you have made some suggestions and have played with the unimaginative child for a few moments, go away and leave him to carry out your suggestions by himself, or with the child in the next bed. Resist the temptation to do the child's playing for him, with him in the role of onlooker. He needs practice in playing as in all the other things he is learning.

## FOUR TO SIX YEARS

For four and five-year-olds, colouring with crayons, cutting with scissors and other forms of paper work which are simplified kindergarten activities, are useful. Colouring should be simple and may progress by the following steps:

1. To become accustomed to holding and controlling the crayon the child can make random marks on paper kept from old Christmas cards. Never leave a small child with crayons, without paper. It takes him only a few minutes to find that the bedspread or the wall will do.

2. Draw simple pencil outlines of balloons, kites, apples or boats. Show the child how to colour the area inside the outline.

3. After a little practice the patient may be given pages from colouring books in which the pictures have large simple outlines with little detail.

Learning to cut with scissors should also progress in graded steps and, here again, the little girl will not be tempted to cut her hair if you see that she has something more interesting to cut when she has the scissors:

*Completely absorbed*

1. Show her how to hold the blunt scissors, and how to open and close them. Some children find this quite difficult. She will be awkward at first but will soon get the "feel" of the action.

2. Have her make random cuts on scrap paper until she learns how to control the scissors. This is a good time to teach that it is more fun to cut the scraps into a box than to let them fall all over the bed or the floor.

3. Across an oblong of scrap paper draw a line about one half inch from each end, and show her how to cut a fringe, the cuts going in as far as the pencil line from each end. When finished she has a little mat which may be decorated with crayons and used in a doll's house.

4. She will now probably be ready to do straight line cutting, then advance to cutting out objects, and finally will enjoy cutting a paper doll and her clothes.

After small children learn to cut and colour they can progress easily to all forms of paper work which include drawing, cutting and pasting. Directions for paper parquetry and paper construction are available in many books and may include pictures to illustrate stories that have been read aloud, Valentines, Christmas cards, Hallowe'en and Christmas decorations, and numerous other subjects. Paper chains are always popular. There are two kinds. The simplest is made by threading alternately on a string, pieces of coloured paper with a hole punched in the centre, and one-inch lengths of drinking straws. A blunt needle is used. The other kind you will remember making in kindergarten. It consists of about thirty pieces of coloured paper, each piece measuring six inches by one half inch. The ends of the first piece are overlapped and pasted so that a circle is formed. The next piece is slipped through the circle, then pasted to form the second link, and so on until the chain is complete.

Painting may be introduced to young children by means of paint with water books. These books have the colour printed in the picture and require only a moistened brush. It is more satisfactory to give the child in bed one picture at a time rather than the whole book, as it is easier to handle. Clip clothespegs can be used to fasten his paper in place if he can use only one hand.

Small cotton picture books, made by pasting pictures on pages cut from crinoline, then stitching them down the centre, are practical. They should not exceed six by seven inches when finished, to be easy to handle in bed.

The tiniest children like nursery rhymes. When they have learned the words, they enjoy them more if you say part of the line, then wait for them to guess the terminal word. For example:

*You*: Little Jack Horner sat in a —
*Children*: corner!
*You*: Eating his Christmas —
*Children*: PIE!

Nursery rhymes set to music, and songs with actions, are fun. If you cannot sing, a portable phonograph will help you, and it can be used in many different ways. Records of lullabies, and of nursery songs with appropriate sound effects, make good listening records, while music with a marked rhythm to which the children can keep time by clapping their hands is a good choice to alternate with the others. Robert Louis Stevenson's poems set to music—"My bed is a boat" and "The land of counterpane" have a direct appeal for children in bed.

Stories, particularly the well-known and well-loved stories such as "The Three Bears," "The Old Woman and her Pig", "Peter Rabbit" and "Little Black Sambo", have an important part in a sick child's life. Choose a version that is well expressed, and always tell or read your story in the same words. Little children like to hear the same tale over and over again, but they like it told the same way, and you dare not change a word or there are protests.

## SCHOOL-AGE CHILDREN

When a child goes to school, he acquires skills and ideas which enable him to provide himself with individual occupations more readily than can the younger child who has not had this advantage. Therefore the adult looking for occupations for older children who are ill finds that the group activities are those which require more planning and direction by her. These may consist of games, music, stories, and group craft projects.

A group of children usually shows a happier and more spontaneous response to games than to any other form of activity. If the difference in age is not too great, the game may be one of skill. If the age spread is wide, the game should be one which depends on chance, otherwise the older children always win. For two players there are such games as checkers, Chinese checkers, dominoes, parchesi, and many progressive paper games. Games for a group of six or more must be planned, and sometimes constructed, too. They are more satisfactory if they can be conducted by someone who is free to move from bed to bed, taking equipment from one player to the next player. Here are some examples:

*Clothespeg game*: **This requires a substantial cardboard box, and a spinner, of the kind often used in games, with V-shaped wedges of colours. The round knobs at the** top of several clothespegs are painted in the same colours three of each colour. Each player is given three pegs of one colour. The spinner and the box are carried from player to player, who each spin in turn. If the arrow stops at the same colour as that on the player's pegs, he may put one peg on the box—for example — the child with red pegs must spin red to put a peg on the box. The first player to get his three pegs on the box wins the game.

*Horse racing game*: Each player is given a cardboard with coloured squares which represents a race track. He also has a small toy horse. The person conducting the game goes from bed to bed to each player, carrying a small box containing several blocks with numbers on the wrong side. The players draw in turn. If a player draws a block marked three his horse advances three squares. The player whose horse reaches the end of the track first, wins the game.

*Match-it*: Picture cards whose two halves match to form a picture are shuffled and dealt. If possible each player should have an equal number. A selected player begins by holding up a card and saying, "Who has half a dog?" or whatever the picture is. The player with the other half calls "Match-it" and the card is carried to its new owner, who in turn calls out one of his unmatched pictures. The player to match all his cards first wins the game.

Bingo and Picture Bingo are also useful games for a group of patients in a ward.

Some older children are fond of music, and this interest can be fostered by teaching songs and Christmas carols, and by the use of phonograph records on which the artist whistles, for the children like to whistle too. A rhythm band can be used with music which has a marked rhythm, such as marches and waltzes, each child playing an instrument. Select the records that have something very definite for which the boys and girls can listen. Walt Disney's Snow White, Dumbo, and Pinocchio are popular. Short explanations should precede the playing of The March of the Toys, Saint-Saens' Carnival of Animals, and the symphonic story of Peter and the Wolf. Music can be provided for all tastes, but it is important to buy the best recordings, by the best artists. Surprisingly often, children comment on the quality of the performance, and our choice may be helping to form their standards.

## OLDER CHILDREN

The bed occupations of older children should be planned, so that there is a balance between those we might call constructive, and those which are merely entertaining. Children on surgical wards are usually mentally alert, but those on medical wards often become sluggish mentally. If the child is ill a long time, his occupations should progress in difficulty. He should first be given something that he can do easily, which gives him a feeling of success. Later the intricacy of his work can be gradually increased. In this way we can avoid the fatigue and frustration which goes with failure and the inevitable cry "I can't do it, give me something else", which is the beginning of poor work habits. Many boys learn, by playing with Meccano sets, the rudiments of handling skilfully small screws and nuts and parts of machines.

Woodwork is the favourite occupa-

*Reed work.*

tion of older boys. Balsa wood, being soft and easy to cut, is good for a beginner to use, and later he can work with basswood or white pine. Some bed patients can use a coping saw if the cutting does not take too long. Many small objects, such as model aeroplanes, boats, trains, paper knives, garden stakes, painted in colour to mark the location of the tomatoes and carrots, totem poles, and door stops are easily made in bed. Older boys also enjoy drawing and painting. Attractive posters can be made to brighten the walls of the wards.

Basketry and caning are interesting, but their use is limited because the material requires soaking in water. Soap carving is a clean, quiet craft which appeals to both boys and girls.

Older girls usually enjoy needlework, which has a wide scope. The patient herself should do as much as possible in preparing, working and finishing the project. Generally it is more interesting if it is fairly short, if it is something to wear, and if it has bright colours to make it attractive. Once a mother was heard to remark that she was going to start her daughter, a post-poliomyelitis patient, eleven years old, on a quilt, because it would keep her busy for a long time. The girl was not interested in plain sewing and quilts did not appeal to her. A long project of this kind, in addition to becoming very tedious, would be difficult for her to handle and quite impossible for her to finish. We persuaded the mother to give her a more suitable project — a lapel ornament or purse made of felt, or some dainty embroidery.

Girls enjoy sorting and stringing beads. Many like to do leather work, knotting, and weaving. The girls of eight, nine, and ten years love to play with dolls, and dolls' trunks full of clothes, baking sets and dishes, toy cardboard villages, and mosaic beads. Magic dolls, which have a suede-like finish, and clothes made of flannel, are useful for the small girl in bed who has difficulty in handling paper dolls. The clothes stick on the doll easily.

Painting and drawing are usually popular. Older girls enjoy crayon drawing on cotton. The design on a laundry bag or apron is applied with wax crayons. It is then pressed on the wrong side using a damp cloth and hot iron. This pressing sets the design and makes it washable.

These suggestions are intended as a foundation on which the adult who is interested may build. Children today have little leisure time, and the occupations used during a long convalescence may be the means of introducing the child to new and hitherto undiscovered interests. In addition to keeping him temporarily content, they may develop abilities and skills and broaden his horizons, thus contributing to his future happiness.

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# The Hospital and the Health Department

ANN PEVERLEY

Every community requires the specialized services of both hospital and health department. It is, therefore, reasonable that consideration be given to some of the relationships existing between these two bodies. It is also timely, since increased emphasis is being placed on the integration of health and social aspects of nursing in the basic course of training for student nurses.

*Associated Screen News, Montreal*

*The school girls are interested in health.*

From the hospital point of view, the patient comes first. Therefore, a healthful environment and sanitary procedures as they relate to the patient, either directly or indirectly, are very important. These matters are of equal concern to the hospital and the health department, and all resources of the health department are at the disposal of the hospital administrator. Health practices are possible when the administrative authorities within the hospital have recognized the significance of this aspect of the patient's care. Then follows organization and the intelligent co-operation of all concerned. These factors include:

*Adequate accommodation and proper ventilation.* The health department has definite regulations governing these conditions and is able to help solve problems relating thereto.

*Care of milk and other foods.* Good housekeeping methods are extremely helpful. We recognize the fact that certain types of foods provide excellent media for the growth of bacteria. We know that a constant temperature should be maintained in refrigerators, and that attention should be given to overcrowding and ventilation as well as to regular defrosting and soap and water cleaning.

*Ice.* It is essential to avoid contamination of chipped ice served to patients. This involves proper storing on racks, small trucks to convey the ice, and the washing of the ice before it is crushed. It is necessary that the crushing machine and pails be sterilized daily by the use of a chlorine compound.

*Dish washing.* This is a very important part of hospital housekeeping and one which frequently requires the advice of the health department's trained sanitary inspector. We are accustomed to exercising precautions in the adequate care of dishes used by persons known to have a communicable disease, but we sometimes overlook the menace to patients not known to have a communicable disease, and to the staff when any institutional dishes are improperly washed. This contributes greatly to the spread of communicable disease. It is agreed that cracked dishes and worn, misshapen forks should be discarded.

*Use of detergents.* The person in the hospital responsible for purchasing such items could profitably consult the health department so that a wise selection might be made.

The cleansing and sterilization of *baby's bottles* and utensils used in the preparation of feedings, as well as care following sterilization. This constitutes a procedure in which the health department is most definitely concerned as well as with the method of transferring milk from bulk to bottle.

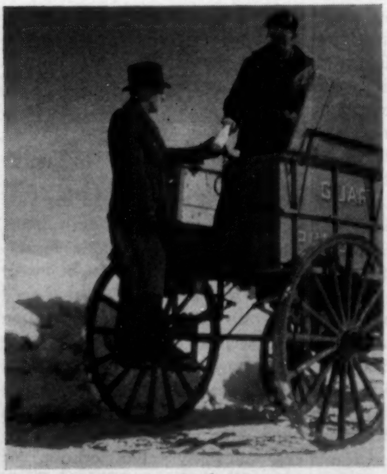
Cleanliness, adequacy and location of *utility-rooms and isolation bathrooms.* Problems arising through various circumstances may be successfully solved through the joint efforts of health department and hospital.

*Isolation technique and terminal disinfection.* This is of interest to the health department because of its policy regarding the prevention and control of communicable diseases. Basic to these procedures is a knowledge of the health department's regulations as well as the technique taught by the hospital.

*Cupboards.* Any woman who has kept house appreciates the significance of cupboards. All cleaning materials and insecticides can be safely kept in suitable cupboards if properly labelled. The health department is anxious to reduce the accident hazard as well as interested in the good housekeeping aspect.

*Garbage cans.* These unromantic but necessary articles also concern the health department. It is recommended that they travel by freight elevators, not through corridors and kitchens, and be kept covered when not in use. One satisfactory method of caring for them is to subject them to live steam followed by chlorine after daily disposal of garbage.

*Supervision of post-mortem room.* This falls within the field of the hospital administrator who may very profitably consult with the health department in matters relating to the sanitation of this room. No great powers of imagination are required to visualize this room as a possible source of infection if badly located and improperly kept. The danger of spread of typhoid fever and the dissemination of tubercle bacilli from fresh anatomical specimens is worthy of consideration.



*Associated Screen News, Montreal*

*Collecting a sample for inspection.*

These factors relate directly or indirectly to the healthful environment of the patient and are of equal concern to both hospital and health department. Both have further responsibility concerning those persons who are employed in the kitchens and laundry. Consideration must be given to the periodic health examination of all such employees together with a definite policy regarding health education of this group. In this field, as in all others, good relations between hospital and health department assist in achieving health objectives which are of mutual benefit.

The teacher in the school of nursing, placing increased emphasis on health as a way of life, may use to the fullest extent the facilities of the health department. Health education material and statistical information are available as well as the specialized services which the department provides. As she develops her program in relation to individual health, hospital, home, school and industry, the instructor will seek from the health department educational material and posters suitable for use in the classroom and out-patient department. If the health department is adequately staffed with trained personnel, it should be able to meet the growing demand to take part in the basic preparation of nurses by offering opportunities for student affiliation.

In thinking of student nurses, it is interesting to note that not infrequently it is the public health nurse from the health department who first stimulates the interest of the high school student in nursing. The health department is concerned with the housing of that student and provides by-laws governing health and safety. Where the nurses delight in their own swimming-pool, the health department is responsible for the safety of such water.

If we turn now for a moment from the hospital and think in terms of the health department, we might consider briefly just how it carries on where the hospital leaves off. A close working relationship and joint planning mean better service to the community. The newborn infant, having received the best of care in hospital, is discharged. Then comes the need for infant welfare services in the community. An adequate program assures every baby of regular health supervision and immunization against specific diseases. This may be done either by the family physician, private agency or the official health department. As the child grows, interest in his physical and emotional health should be reflected in the health department's services, the education of parents, teachers and children and the provision of facilities for diagnosis and prevention of disease.

While the hospital is caring for the patient with syphilis, gonorrhea or tuberculosis, it is the aim of the health department to co-operate with the hospital and with private and official agencies in the follow-up of contracts. It is reasonable to expect the hospital to be interested in what the health department is doing to secure an educated public opinion, the enforcement of legislation and the provision of facilities for diagnosis and control.

In conclusion, we may think of nursing as a symphony of service, whose constituent parts are specialized groups that by themselves can be limited, but working together with understanding can practise harmoniously the art of nursing in its fullest sense. As we strive to understand and develop the relationship between the hospital and the health department it seems reasonable to emphasize the importance of more planned contact between them. This would undoubtedly result in more uniformity of health teaching, the maintenance of higher standards and more adequate care of patients. These ends are surely worthwhile in themselves; but in addition would also have a decided bearing on the better preparation of nurses.

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# Foot Health and Disease

ATLANTA S. SOLLOWS

When our remote ancestors deserted the tree as their place of abode and began to walk in an upright position, the foot as we know it today took form and shape. Structurally very similar to the hand, the digits have become shortened through the centuries and the great toe has lost some of the power it once had. The ankle developed larger bones than the wrist because of the necessity of carrying the weight of the body. The twenty-six bones of the foot are held together by ligaments and muscles in such a way that they are suited not only to support the body's weight without tiring but also to give a certain degree of elasticity to the stride. The bones of the foot are connected with the large muscles of the leg by means of long tendons which are bound down at the ankles by bands of ligaments. Thus the powerful movements of the leg muscles are transferred to the foot and walking is made possible.

The bones of the normal human foot are so arranged as to form well-defined arches. The longitudinal arch extends from the heel forward to the ball of the foot on the inner side, and is commonly called the instep. The transverse or anterior arch is across the ball of the foot back of the toes and at right angles to the horizontal arch. The position of the bones comprising these arches depends upon the support given them by the exceedingly powerful ligaments which bind them together and the supporting muscles on the soles of the feet. If these muscles become flabby through lack of use, the weight placed on the ligaments causes them to stretch, letting the bones down. Care in preserving the normal arch is, therefore, of primary importance in promoting foot health.

In the normal foot, the weight-bearing areas form a triangle whose base is the transverse arch. With the weight thus distributed upon the heel, the ball and the outer edge of the foot, the position of greatest strength and spring in the stride is when the toes are pointing straight ahead. Where there is a weakened arch the foot tends to swing outward and the centre of gravity then passes through the middle of the longitudinal arch. The arch is highest here, less well supported by ligaments and not suited to bearing a weight. The effective use of the great toe and transverse arch is lost.

The cause of most ordinary foot troubles is improperly fitting shoes, with too short stocking-feet a close second. Vanity, thoughtlessness, carelessness are all contributing factors. The people who think they must wear excessively high heels because of an abnormally high instep are numberless. Nurses who have to be on their feet for long periods of time should look for the following in choosing a shoe:

1. An approximately straight inner line from heel to toe. Stand in front of a mirror and note the straight inner line of the foot. If there is an inward or outward flare shoes must be adapted to this but the average foot is straight.

2. The front part of the shoe should be as broad as the foot that wears it. The measure of the breadth should be taken in a standing position when the weight has spread the transverse arch to the full extent.

3. The heel of the shoe should not be over an inch and a half in height and should be as broad on the wearing surface as the heel that will rest upon it. Rubber heels are decidedly preferable for general wear on hard floors and pavements to relieve the body of jar as much as possible.

4. The shoe should have a combination last in order to fit snugly over the instep and heel, loosely over the toes.

## FOOT DISEASE

With 110 possible foot diseases and minor deformities, it is not surprising that recent surveys in schools and health clinics have disclosed the fact that there is an increasing number of minor foot ailments. Of children up to ten years of age, 14 per cent were found to have some foot defect. From eleven to eighteen years, 88 per cent of those examined were foot defective in some degree. It is estimated that there are approximately 3 pairs of perfect feet in ten thousand children from 6 to 18. Among the whole adult population of Canada it is doubtful if there could be found a dozen pairs of absolutely perfect feet!

At least fifty of the foot diseases are of an infectious nature. *Verruca,* a benign, highly vascular neoplasm is caused by a specific, filterable virus. The growth seems to be carried into the surrounding tissues through the medium of the lymphatics, thus producing multiple verruca. There are several types, the most common being rough, fissured, cauliflower-like in appearance. A cross section of this growth shows elongated papillae which are encased individually in epithelial covering. This covering is of the stratified squamous type. In some types of verruca the resemblance to epithelioma is very marked. Occasionally, late syphilis takes on a papillary appearance which might be mistaken for verruca. *Heloma molle,* the soft, macerated slightly yellowish overgrowth, is located usually upon the interdigital surfaces. A careful differentiation should be made between the true heloma molle and secondary syphilitic lesions, the latter also occurring as squamous patches between the toes.

Of the thirty-three constitutional or systemic diseases in which foot symptoms may occur, none gives as much concern as diabetes mellitus. This is chiefly because the sequelae are frequently tragic. Helomata of all types may be found on the feet of diabetics. In some, the skin is dry and fissured, the nails show loss of transparency and assume a yellowish color with onychauxis; others complain of tingling or numbness of the toes, and in advanced cases there is cyanosis and loss of dorsalis pedis pulsation. Caustic corn remedies are dangerous things at all times, but too much stress cannot be placed upon the hazard entailed in their use by diabetics. In the care of diabetic patients, nurses should be on guard to prevent the development of ingrowing toe-nails. Bathing the feet with hot saline solution, to which a teaspoonful of soda is added, helps to reduce the risk from calluses or corns. As a further protection, the toes are painted all over with metaphen every week.

Contrary to general belief, it is not considered advisable to cut the toe-nails straight across. It is doubtful if the people who advocate this ever stopped to think why they do it. When the nails are cut in this way, a sharp tip is left which grows into the soft nail groove causing irritation and possible abscess. The nail naturally spreads as it reaches the distal end. It may be appreciably wider than at the matrix so to avoid such complications as ulceration, diffused cellulitis, proud flesh, etc., it is sensible to cut all of the nails with a gentle curve to the tip of the toe and slightly rounded at the corners.

For the adequate treatment of these and all the wide range of foot disorders one of the younger members of the healing arts, chiropody, has been recognized by legislative enactment in several provinces and is regulated and controlled by Boards of Registration. This is an interesting specialty to which nurses might turn with an assurance that, when qualified, they would be capable of rendering a great assistance to a footsore humanity. The only school in Canada where training can be secured is located in Saint John, N.B. The writer would be glad to answer any enquiries regarding the course. The address is 156 King St. E., Saint John, N. B.

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## Hospital Administration Course

During each of the past two years, one of the projects of the Alberta Association of Registered Nurses has been a short course for nurse administrators of small hospitals, sponsored by the School of Nursing, University of Alberta. The course covered a period of two months. Applicants had to be registered nurses in good standing. Matriculation was not required. This enabled many nurses to attend who otherwise would not have been able to take such a course at a university due to deficiencies in educational requirements. Certificates of attendance from the University of Alberta were granted to those who satisfactorily completed the course. A fee of one dollar was required for registration at the University. The actual costs were met by the Federal Grant awarded to Alberta. Expenses, such as living, etc., were of course the responsibility of the student.

The administration of the course was in the hands of a group which included the director, School of Nursing, University of Alberta, the president, registrar and representatives from the Alberta Association of Registered Nurses. The adviser was Dr. A. C. McGugan, medical superintendent, University of Alberta Hospital, who is also a member of the School of Nursing Council, University of Alberta.

The course was planned to assist inexperienced nurses to understand the principles of hospital administration and the problems of small hospitals; to assist them to adjust and adapt to this specific field of nursing; to assist them to meet problems of personnel, board and community relationships; to interpret the legal aspects of hospital administration; to broaden their knowledge regarding newer nursing and medical procedures.

Housez Studios, Edmonton

*The class in administration.*

In Alberta there is an extensive system of small hospitals staffed by registered nurses and under the administration and supervision of nurse superintendents. Basically, the course was to be of general assistance to these administrators in carrying out their many duties as business manager; purchaser of supplies; director and supervisor of nursing, operating room, case-room, x-ray, laboratory, dispensary; dietitian; housekeeper; personnel manager and guide.

Lectures were planned to include a wide variety of topics, such as: purchasing; hospital accounting; records; food service and nutrition; hospital housekeeping; burial preparations and requirements; and a general review of the work carried on in the various hospital departments. The relationship of the hospital to the public health department was reviewed. Two days were devoted to observation at the Provincial Mental Hospital at Ponoka.

Lecturers included: leading members of the medical profession interested in the problems and difficulties of the rural hospital; members of the University Faculty; members of the Public Health Department responsible for supervision and inspection of small hospitals in Alberta: instructors and ward supervisors from schools of nursing; hospital personnel, including dietitians, x-ray technicians, record librarian, purchasing agents, business managers and engineers.

Weekly conferences under the supervision of the director of the School of Nursing, University of Alberta, were conducted and planned by the individual students who had been instructed in the value and technique of staff conferences.

A questionnaire was submitted to each student for constructive criticism of the course. The general concensus of opinion was that the course fulfilled a great need. Two months appeared to be a satisfactory length of time to permit the active learning. It was demonstrated that there was a definite need for a more intensive course in x-ray technique as this often is the responsibility of the superintendent. A more complete understanding of Provincial rules and regulations governing hospitals was also felt to be desirable.

## Nova Scotia Refresher Course

A very stimulating refresher course was conducted by Miss Mary Mathewson, assistant director of the McGill School for Graduate Nurses, in the early Spring under the auspices of the Registered Nurses Association of Nova Scotia. In order to reach as wide a group of public health nurses as possible, at the conclusion of a very successful week in Halifax, Miss Mathewson repeated the course in Sydney. Supplementing the material presented by Miss Mathewson, which included such topics as Ways and Means of Improving our Service and our Teaching, Family Health Service, etc., Miss Juanita Archibald, provincial nutritionist, spoke on Nutrition, and Dr. Hiltz and Dr. Beckwith discussed the problems related to Tuberculosis. Miss Electa MacLennan, assistant secretary, Canadian Nurses Association, gave an interesting insight into many of the developments in Canada.

Numerous social events were arranged which provided the opportunity for the nurses to meet our guest speakers, to renew old friendships and to make new acquaintances.

Altogether, the whole refresher course was well worth attending and should help each of us to do a more effective job which will be reflected in the increased health and welfare of our communities.

# HOSPITALS & SCHOOLS of NURSING

Contributed by Hospital and School of Nursing Section of the C. N. A

## Preparation for Psychiatric Nursing

### Hilda Bennett

Dr. Stevenson has drawn for us a comprehensive picture of psychiatry and mental hygiene in the post-war period. I wish to discuss a plan for preparation for psychiatric nursing.

Inadequate knowledge of mental hygiene, psychiatry and psychiatric nursing by professional nurses is a recognized fact. The need for the inclusion of these subjects in the curricula of training schools has been realized for many years. The need, due to the war, is greater than ever. Let us recognize the need and plan how to meet it.

There are at present four methods of preparation for psychiatric nursing: (1) In psychiatric hospital schools of nursing (two years, psychiatric hospital; one year, general hospital); (2) affiliations between general and psychiatric hospital schools (three months); (3) experience for undergraduates in psychiatric units attached to general hospitals; (4) post-graduate courses in psychiatric hospitals (six months).

These methods, on analysis, are generally conceded to be inadequate. The few psychiatric hospital schools now in operation do not graduate sufficient nurses to provide adequate staffs for their own needs. Thus there is no surplus of graduates with psychiatric preparation for general hospital staffs.

But you may ask "Why do we need nurses with psychiatric preparation in general hospitals?" In the *Globe and Mail*, April 6, 1945, was an article entitled "Wider Knowledge of Mental Ills is Seen as Need". The following statement is quoted from the *Canadian Medical Association Journal*: "Inadequate knowledge of mental and nervous diseases is possessed by general medical practitioners in Canada". The article dealt with a study, made by the Canadian Army Medical Officers, of psychoneurotic ex-service men and women, and their attempts to re-establish themselves in civilian life. Psychoneurosis has been the cause or contributory cause of about one-third of all medical discharges from the Canadian Army. The article noted that the psychoneurosis group comprised 15 per cent of all medical discharges and that another 15 per cent were ill with a variety of psychiatric conditions. The article goes on to question whose responsibility it is to educate and retrain this large group. Granted the criticism is levelled at the medical profession, but is it not equally a criticism of the professional nursing group? Should we not accept it as a challenge?

As professional nurses, we must realize that the care and retraining of psychiatric patients is our responsibility. Nor does our responsibility end there. The teaching of mental hygiene, as a preventive measure in our everyday contact with all patients and all people, has been too long neglected. Psychiatric nursing is as old as nursing, but we have not included it as an integral part of our teaching in general nursing. Once again emphasis is being placed on the need for the care of a large group of mentally and nervously disturbed members of society; added to the old responsibility is the unquestionably greater responsibility — prevention; to educate our people how to maintain a healthy mental life. This, then, is the answer to the question of why we need nurses in all hospitals to have preparation in mental hygiene and psychiatric nursing.

Let us survey what is being done today to prepare nurses for psychiatric nursing. In 1943-44 there were approximately 5,300 student nurses in the sixty-five schools in Ontario. Six of these schools are in psychiatric hospitals where the total student enrolment was about 225 students. Of the 5,100 students in general schools, 123 affiliated in psychiatric hospitals — 83 in Toronto Psychiatric Hospital and 40 in Ontario Hospital, London. The affiliating students were from 18 schools — 41 schools have no psychiatric affiliation. The University of Toronto School of Nursing is the only school arranging a psychiatric affiliation for all undergraduates in the school. This school also integrates mental hygiene with the general nursing throughout the whole training.

You may say that there is not a sufficiently large clinical field in which to give all students a three-months affiliation. That *may* be true under existing circumstances but have we made an urgent demand for the clinical field to be broadened? How can we go about creating a clinical field? First, we must be convinced that psychiatric nursing is not a specialty but an integral part of general nursing and should be incorporated in every graduate nurse's preparation. Second, we must draw up a plan. Third, convinced of the need, and having a workable plan, it is not a very daring step to demand a clinical field.

Dealing with these points in turn, are we convinced that psychiatric nursing should be an integral part of the preparation of every professional nurse? More and more it is being realized that the so-called normal patients are not normal — the majority of those who are physically ill have nervous disturbances in varying degrees, and should be treated with understanding. Only an emphasis on mental hygiene throughout the training can give the understanding that will help to restore patients to society as well adjusted individuals.

The plan for integrating mental hygiene and psychiatric nursing with general nursing in essence is taken directly from the "Proposed Curriculum for Schools of Nursing in Canada." Briefly, the outline is this:

*1st year* — Theory: (1) A good basic course in normal psychology in the preliminary period; (2) a good course in mental hygiene; (3) psychiatric interview with the student — health examination; (4) emphasis on mental hygiene in all classroom lecture courses.

Practice: In the period of supervised practice on medical and surgical wards when theory and practice are being correlated, an opportunity is afforded for an early application of the principles of mental hygiene.

*2nd year* — Three months affiliation in a psychiatric hospital. Theory: Psychiatry; psychiatric nursing including occupational therapy, and hydrotherapy; neuro-anatomy and neurology.

Practice: Experience on wards and in the out-patient department; home visits with the psychiatric social worker; clinics, individual and group conferences, group discussions.

*On return to the home school* — Theory: Advanced course in mental hygiene.

Practice: Teaching and supervision in all departments to include the application of the principles of mental hygiene to all aspects of nursing. Group discussions of patients in hospital and the community will give an added emphasis to mental hygiene aspects. Health teaching should be closely allied to all mental hygiene teaching.

This outline pre-supposes members

of teaching staffs, supervisors, head nurses, in both psychiatric and general hospitals, who have had general hospital training integrated with psychiatric preparation. Naturally the question arises "Where are all these supervisors and teachers to be obtained?" They cannot be prepared overnight. This will be a gradual development, too gradual for the peace of mind of those who are familiar with the present great need in the field of psychiatric nursing. We could start by integrating psychiatric and general nursing. In three years time we could, in Ontario, have over five thousand graduate nurses with an appreciation of the meaning of psychiatric nursing. With our present set-up of teaching staffs with no psychiatric nursing preparation, the preparation of those five thousand graduates would be far from perfect, but it would be an encouraging beginning. Post-graduate courses have offered organized lecture courses in psychiatry and psychiatric nursing, combined with ward practice. It is interesting to note that many of the graduate students in these courses were members of staffs of psychiatric hospitals who, realizing the great importance of understanding the treatment of psychiatric patients, desired more advanced study than their years of experience had afforded. During these years of war the post-graduate groups have dwindled. This in part is due to war conditions, but candidates for clinical supervision courses are still applying for entrance to other clinical courses. Thus we are forced to conclude that it is due to lack of knowledge. We have then the picture of hospitals admitting more and more patients who need psychiatric care, and less and less nurses with psychiatric preparation to provide that care.

To fill the needs for graduates with psychiatric preparation, we must fill the post-graduate classes with our prospective teachers, then place them in charge of the units in mental and general hospitals where students are to receive their practical experience. This will take time. If the clinical field for graduate students is inadequate, we must make the demand for a broader field. It is fairly generally agreed that psychiatric hospitals would best be used as clinical fields for undergraduate and post-graduate students. Thus, gradually, the psychiatric hospital schools would be eliminated.

Now for the third point — demanding the clinical field. At the present time students from nine schools in Western Ontario are affiliating in the Ontario Hospital School, London. The Toronto Psychiatric Hospital also has affiliation arrangements with nine schools.

The demand for affiliation has not yet taxed the available field. As need for a wider field is demonstrated, other psychiatric schools can be approached. But the *demand* has not been made. It is not for the psychiatric hospital schools to go to the general hospitals to try to sell their fields. It is for the general hospitals who so sorely need that field to go to the psychiatric hospital schools with a plea for the valuable experience which the general hospital nurse so much needs, and which the psychiatric hospital school has in such abundance to give.

## Nursing Sisters' Association of Canada

**The *Calgary Unit* reports an active year during 1944 with a membership of thirty-eight. Meetings were held monthly at the homes of the various members. On several occasions nursing sisters of the present war were welcomed. Activities for the year included making Red Cross dressings, helping at the Blood Donor Clinic, Blood Typing**

Clinic, War Savings Stamps Bar, and at the Red Cross Reception Centre. Donations were made to the Mrs. Churchill War Fund, Ditty Bag and Canadian Legion Christmas Tree funds. A successful rummage sale was held as well as a draw for a hand-woven suit length donated by one of the members. The proceeds, which amounted to $300, were used to furnish a room for nursing sisters in the Col. Belcher Hospital. Recently Miss N. Gunn, the president, and her committee presented the key and contents to Dr. Park, district administrator for Veterans Affairs. In accepting this gift from the Calgary Unit Dr. Park commended the nurses of the 1914-18 war for remembering the nursing sisters of the present war.

Alma Froelich, matron of the Col. Belcher Hospital for some years, retired at the end of the year. The Unit lost three of its members when Mrs. Harding Priest moved to Toronto, Mrs. D. Dall to Ottawa, and Mrs. G. Grout also left the city.

## Institutes in Saskatchewan

Very successful institutes for members of the public health, general nursing, and hospital and school of nursing sections were held in Regina and Saskatoon the latter part of February.

The public health refresher course was convened by E. Smith, director of Public Health Nursing Service, Regina. Advantage was taken of the intensive course in Venereal Disease Epidemiology conducted by the Department of Public Health under the direction of Capt.C. G. Sheps. This constituted the course for all public health nurses. By special invitation nurses attending the other refresher courses also attended several of these sessions. Alice Kresge, director of field work, Institute of Syphilis, University of Pennsylvania, was one of the principal speakers and the guest of the S.R.N.A.; also Orma J. Smith of Kerrobert.

Miss Smith spoke at the joint refresher course for the general nursing and hospital and school of nursing sections on "The rural hospital — its attractions and opportunities." Other interesting session included "Newer drugs", a round table on psychiatry and simplifying procedures, and other topics. The joint refresher course for the general nursing and hospital and school of nursing section was convened by E. James and M. Chisholm of Saskatoon. Mrs. Helen Martin of Regina and Eileen Sheffer of Saskatoon were co-conveners.

Over one hundred nurses attended in each centre. Representatives from many parts of the province were included.

## Laundry Process Utilizing Sea Water Developed

A process which makes use of sea water for laundry purposes has been developed, and will soon be in use on all army hospital ships. In initial experiments the United States army hospital ship *Wisteria,* was selected for a practical test at sea, and in a thirty-day period, 36,101 pieces were successfully laundered with sea water. This meant a saving of about two-thirds the linen inventory carried by hospital ships, or room for four more bed patients or ten more walking cases on each ship. The saving effected in fresh water was 4480 gallons a day, and the reduction in amount of linen used represented a considerable financial saving. The process can be installed in any ship's laundry by cutting in the salt water pipe. Its use on troopships and island bases is also contemplated.

*Office of the Surgeon General*
*Technical Information Division*
*Washington, D. C.*

# PUBLIC HEALTH NURSING

Contributed by the Public Health Section of the Canadian Nurses Association

## Mental Hygiene Problems in Generalized Public Health Nursing

**EILEEN CRYDERMAN**

Public health nursing is not a service complete within itself, but exists only as an essential part of the general public health program. Its function is to augment any part of this program where the dexterity of a skilful nurse will contribute to the safety and comfort of the patient, and where teaching on an individual, family or community basis, will contribute to the prevention of disease and promotion of health. In the field of mental health, the necessity for active promotion of positive health is being more and more recognized. The public health nurse has a strategic and unique position to aid in this program, as few other community workers have entry into as many homes as she has. In analyzing some of the mental hygiene opportunities met in the public health nursing field, let us consider them from the standpoint of the group we serve.

In order to more clearly understand who we, as public health nurses, serve, may I outline what a generalized program of today includes: maternal health (pre-natal and post-natal); infant and pre-school health; school health; adult health; industrial health; communicable and non-communicable disease (in this are included mental disease, tuberculosis and venereal disease). All these services together form a well rounded public health nursing program. In this outline, I have not mentioned mental health and hygiene as separate divisions of our work. They are woven so integrally into each branch it would be impossible to separate them. May I take some of the sections and attempt to show where our opportunities lie.

*Maternal Health*: If we, as public health nurses, are to be successful in helping not only to lower the maternal mortality rate but also to contribute to the mental health of the mother "by applying knowledge of human behaviour to all professional services", we must have an understanding of the emotional factors in the whole maternity cycle, including fears, superstitions, prejudices of the patient, family attitudes and adjustments. We must realize that failure on the part of the expectant mother to go to her physician for advice frequently is based on causes other than ignorance of the need for this care. Her attitude may result in a rejection of the pregnancy because of inadequate finances. Other causes of fear may be: poor health on the part of either parent, especially the mother; fear of pain and labour; fear of transmitting handicaps either mental or physical; unsatisfactory relationships between parents; unwillingness to go to a public clinic; the size of the family; difficulties in a previous pregnancy.

We must remember that the mother's

attitudes are a reflection of her relationship to the other members of the family and the community. Today we are recognizing the need to help the father and the family, as well as the mother, to make necessary adjustments. The father's acceptance of the pregnancy can do much to help or hinder the mother's adjustments. The nurse should be ready to help both parents appreciate the need for preparing the other children in the family for the arrival of a new baby. Hostility toward the new arrival may be normal, and the children must be helped to make this adjustment.

*Infant and Pre-School Health*: In no phase of the public health nursing program is the need for mental hygiene more in evidence than in the work with the parents of infant and pre-school children. It has been stated that "education begins at birth and is a gradual process throughout life". The nurse needs to realize that certain factors, such as the significance of early feeding and handling of the infant, are sources of satisfaction to him and a basis for the early relationship between mother and child; that so-called problems of the pre-school period are, in fact, stages in normal development through which all children pass. The work of the nurse is to help the parent to give the child the sense of security which comes from being wanted and loved, and which is basic for normal development. To really give this, the parent himself must feel secure and happy, for children soon absorb the tensions which are in the home. The public health nurse should have learned to regard feeding, nail-biting, thumb-sucking, and other problems which occur in this period, not as problems in themselves but rather as evidence or symptoms of a disordered home to which children react by the presentation of abnormal behaviour. We have not always been able to give as much help as we should have, but we should work toward this goal in our infant and pre-school centres and in our home visiting program. We should recognize our own limitations and be prepared to seek help.

*School Health*: It has been stated that the school health program "is that phase of service which considers the well-being of the school-aged child and his education for healthful living. It is one of the units of health work which is essential to a well-rounded program for family and community health". An enlarged concept of school nursing shows the nurse carrying on a co-ordinated health program which includes the home, the school and the community, and dealing with the health of the entire family, mindful of the needs of the child. Here she is in different position than in her other branches of work; her immediate co-workers are members of a different profession. Much of the success of her work depends upon her attitudes, relationships and her ability to work with other people.

In her individual and classroom conferences she acts as a liaison officer, helping the teacher estimate the load the individual pupil can carry in the light of his mental equipment, home environment and responsibilities. She can be of help in developing a healthful environment in the school, not only physical but emotional. She should be alert in interpreting the influence physical defects may exert on emotional development, in such cases as eye, hearing, speech and orthopedic defects, in left-handedness, and in such diseases as diabetes and epilepsy. She can discuss with the teacher how to detect early symptoms of emotional or social disturbance in pupils and how to use available sources of help. Some of the many types of behaviour difficulty referred to the nurse include: avoidance of group, daydreaming, temper tantrums, extreme shyness, sex misdemeanours, enuresis, swearing, quarrelling, lack of application, destructiveness. The nurse's responsibility in helping meet the needs of these children depends upon the resources of the community. In many of the larger centres there is a mental hygiene service with a psychiatrist and a psychologist. After referring the child to this service she may help by providing a social history, giving as complete a picture as possible of the child, his development, interests, personality, family and home. She may aid appreciably in carrying out the recommendations of the psychiatrist by interpretation both in school and home.

*Adult Health*: In this field the public health nurse should assume much responsibility and should display her resourcefulness and initiative. Not infrequently, we have an opportunity to see and talk with individuals who present more or less serious mental maladjustments. Here, again, the public health nurse must recognize her own limitations as a psychiatric worker. When she finds people who present many physical symptoms which have no pathological foundation, or who seem to have many anxieties, become easily depressed or irritated, it is well to find out what the trouble may be. The nurse may be able to help the patient to realize he is ill and to want treatment. At times the family needs as much help in understanding the behaviour of the individual as the patient himself. At other times the patient may be too ill to co-operate and the nurse has to work through the family alone. Contributing in the recognition of potential mental illness should be a challenge to all public health nurses.

*Illness*: Under this section many different types of illness and disease and our mental hygiene problems in relation to them could be considered. Tuberculosis is one that plays a very important part in our program so let us use it as our example.

Every nurse knows that, despite public education in regard to tuberculosis, she still has to deal with many problems of emotional non-acceptance (fear of the disease itself, a feeling of ostracism by members of the family or others in the community). We must also recognize in situations where a parent is affected that we must deal with the problems which we find in any broken home. If the father is ill, there is the problem of income. If the mother is ill, who will care for the children in the home? A dual responsibility is placed upon the parent left in the home and the relationship of one parent to the other is altered.

Tuberculosis affecting the adolescent or young adult must be reckoned with as a complication in the individual's ability to make his total adjustment. Tuberculosis contracted at the age of fifty is one problem, but at twenty requires a different mental adjustment. In addition to the problem faced by all tuberculous patients, the youth must decide on such issues as vocation, marriage, paternity, etc.

In outlining some of our problems and opportunities in mental health work, I have attempted to prove that mental hygiene is an integral part of all our work. Perhaps, at times, this fact seems to be a somewhat intangible one and is still difficult to associate with our practical needs. If so, this is partly because in our whole background of training, the emphasis has been on physical rather than mental health, and although this emphasis has undoubtedly changed and is continuing to, we ourselves feel insecure. We must remember that mental hygiene is a community responsibility, and we, as one of the groups of community workers, have a real responsibility. In concluding, may I quote from an article in ***Public Health Nursing***: "Mental hygiene is a vital part of the nurse's equipment, and it weaves itself into the pattern of her daily activities with infinite variation. It colours her approach to her patients. It fosters her understanding of them. It enlarges her knowledge. In every aspect of her work it enables her to render better service, more helpful to her patient, more satisfying to herself".

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There is three times the amount of vitamin C in the peel of an apple than there is in the flesh. —*Ohio State Medical Journal.*

## The Soviet Union Controls Epidemics

Among the striking contrasts between Czarist Russia and the Soviet Union is the health of the population. Old Russia was notorious for its uncontrolled epidemics, particularly in time of war. During the present war it is reported there have been no epidemics in the Soviet-controlled areas.

In the last war, more Russians were killed by typhus, the disease of poverty and dirt, than by enemy gunfire. Typhoid fever, dysentery, smallpox, trachoma, cholera and plague were as common as rainfall. These diseases were accepted as a natural part of life. Children died like flies and so did women in childbirth. The superstitious regarded epidemics as a punishment from Divine Providence.

The Soviet government began in 1918 to organize public health services. But their application on a broad scale was delayed by the civil wars and intervention which followed the World War. It was not until the beginning of the Five-Year plan in 1928 that satisfactory coverage of public health measures was begun.

It is, therefore, a remarkable achievement that in less that two decades the Soviet health authorities reported complete elimination of smallpox, cholera and plague, and that they brought under control typhoid, typhus and other diseases that were rampant in old Russia. An article in the February issue of the *American Review of Soviet Medicine* details some of the methods that were used. In the Czar's army, vaccination against typhoid was forbidden. The Soviet government introduced a program for regular immunization of the civilian as well as military population and at the same time established sanitation and food control.

Millions used to die every year from typhus in the old days. The 1914 war was followed by the blockade, interventions, civil war, famine, scarcity of fuel and soap, and a broken-down transportation system. These factors helped to spread the infection to an unparalleled extent. The Czarist regime had provided no hospital facilities for typhus patients. In 1920, among the first acts of the Soviet government was the provision of 250,000 beds for typhus patients. It set up an extensive network of stations for observation, isolation, and disinfection. Millions of pamphlets, leaflets and posters were distributed in all languages of the U.S.S.R. Hundreds of thousands of volunteers were enlisted in the war against typhus. Slogans were broadcast and "bathing weeks" instituted. The government allotted generous funds for this work and typhus has been no problem in this war.

Diphtheria and measles have received special attention by research and practising public health workers. Both these diseases of childhood have been brought under complete control. Immunization against diphtheria is compulsory for all children between the ages of one and eight. In 1940, ten million children were immunized against diphtheria. During the war, the public health centres all over the country have conducted a program of re-immunization and research workers are searching for a more effective preparation which would require less frequent injections.

Measles used to strike at millions of children in old Russia. It no longer threatens that many. Soviet medical workers began to use anti-measles serum when it became safe and by 1937 the use of such serum became obligatory throughout the U.S.S.R. In 1940 alone, 1,241,000 children were immunized against measles. The inoculations are given free to all children. "The aim", it is stated in the Soviet health report, "is to raise the age of measles patients, and create an immunity by developing an abortive form of the disease. Soviet scientists are now searching for methods of active immunization against measles. Some experiments have yielded encouraging results".

— *Toronto Daily Star*

## Previews

**Patients are frequently baffled by the regular battery of laboratory tests to which they may be subjected in the process of reaching a diagnosis. In phraseology so simple that the lay person may understand Dr. Watson Sodero has described the principal tests for us.**

**Have you been pestered by your deafened friends for an expert opinion on the possibility of having their hearing restored by the delicate fenestration operation? That your information may be thoroughly authentic Dr. William McNally has prepared a description of the operation for us. Bernice Stewart outlines the required nursing care.**

# GENERAL NURSING

Contributed by the General Nursing Section of the Canadian Nurses Association

## Red Cell Paste in Treatment of Ulcers

ERNA E. HARTZ

Interest in this procedure developed after an interne at our hospital, the Saint John General, applied the red cell paste to varicose ulcers that we had been treating for a period of twelve weeks without success. In less than five days, six of the superficial ulcers were healed completely and in two weeks the patient was discharged from the hospital. This treatment was first used in a naval hospital in Philadelphia when someone wanted to make use of the red blood cells which are important by-products of plasma production. These cells were administered first as red cell infusions to patients suffering from anemia. Later two doctors used the red blood cells on a decubitus ulcer of long standing, but the problem of making these cells adhere to the wound presented itself so a sterile paste was prepared.

*Preparation*: The red blood cells which remain after the plasma has been aspirated should be fresh type "O" cells, a universal group, so they can be used on any person regardless of their blood type. The paste is made by dusting powdered tragacanth, a gummy exudate of plant origin (astragalus gummifer) into a herylresorcinal solution. The herylresorcinal is a germicide which is very strong but does not harm tissues. This mixture after several hours forms a gelatinous mass and is then ready to mix with the red cells. After thorough mixing by agitation the paste is stored at from 2°—5°C. while not in use. An analysis of the composition of the paste reveals eight to ten million red blood cells and two to three thousand white per cubic millimetre. The hemoglobin is varied, from 28 to 31 gms. per 100 cc.

*Method of Application*: During the treatment the wound is cleansed with isotonic solution of sodium chloride and dry gauze; the paste is then applied with sterile cotton applicators. Ulcers are treated by applying a thin film of paste over the area which is allowed to dry before being covered with a sterile dry dressing. Infection developing, the crust is removed, the wound cleansed lightly with isotonic solution of sodium chloride and a second application of the paste is applied. A sterile scab soon develops under which epithelization takes place. In deep granulating wounds the paste is applied in relatively large quantities, after which the wound is covered with a sterile dry dressing. When the wound is re-dressed, it may be noted that a rather large quantity of the paste is absorbed by the affected tissues, the discharge decreased and the granulation takes on a healthy appearance.

*Nursing Care*: The wounds are dressed either once or twice daily, depending on their condition and progress. This eliminates a lot of nursing care as usually ulcers have to be dressed more often than twice a day. After the ulcers are progressing well the dressing does not have to be changed for several days.

*Results of Treatment*: During the past few months ten cases of varicose ulcers have been beneficially treated with red blood cell paste. Only one case failed to heal and it was a syphilitic patient. This is a very small number of cases, but it would almost seem that the paste works only in straight varicose ulcers. It must be remembered that this method is only a means to promote local healing. Other procedures, such as ligation and injecting of veins, should be performed when indicated.

*Comment*: How this red blood cell paste works has not yet been determined. The most plausible theory is that required nutritional elements or proteins are supplied to tissues which may be deficient in these substances because of inadequate circulation. The red blood cells appear to be absorbed to a certain degree by the tissues until the granulations reach the surface and a crust forms. This crust serves as a support for new connective tissue. When the crust finally drops off the surface is completely healed.

## Methods of Pasteurization

To kill germs that possibly have invaded raw milk and have made it unsafe to drink, it must be put through a protective process called pasteurization.

Commercial pasteurization of milk for direct consumption involves a process of heating it to a temperature not lower than 142° F and not higher than 145°F for not less than thirty minutes. The milk is then cooled — lowered to 45° within forty-five minutes.

This process can also be carried out in the home — in a smaller way, of course. In sparsely settled areas where pasteurized milk is unobtainable, home pasteurizers should obtain a heavy aluminum container with faucet attached about two inches from the bottom. Also needed is a removable metal rack which should clear the bottom of the container by about 1½ inches. The container should be deeper than quart bottles which can be used to hold the milk. An armored thermometer also is needed.

The filled bottles of milk with the thermometer inserted through the cap of one bottle are placed in the container, in cold water about an inch from their tops. When the thermometer reaches 145°F, the heat is reduced so that the thermometer reading remains between 142° and 145° for thirty minutes.

All virulent disease germs will then have been killed and, if ice or snow are available, the water should be drawn off a little at a time and ice or snow added, until the reading is 45°. The milk is cooled to 45° because that is the temperature at which it keeps best.

Another home pasteurization method used in farms homes is to heat the milk to a boiling point and then immediately cool it. More care has to be exercised in cooling until the temperature falls to about 100°.

*—Health News Service*

## Siamese Twins

An interesting and unusual delivery occurred recently in a northern Ontario town. The mother, aged nineteen, was a primipara She was in labour when she reached the hospital. Her physician diagnosed twins and after two hours decided to do a Cesarean section. The patient was delivered of female twins, weighing ten pounds. They were united from the breast line to the umbilicus, and had a single cord and placenta. They appeared normal in every respect. They did not breathe. The specimen has been sent to the museum at Queen's University. The mother is recovering.

We have been wondering if other Siamese twins have been born in Canada and, if so, where. Dorothy Fox (Toronto General Hospital) and Christine Cameron (Royal Alexandra Hospital, Edmonton) and I were present at the operation.

L. Clara Preston
*Superintendent, St. Paul's Hospital*
*Hearst, Ont.*

# Postwar Planning Activities

**Contributed by**

**POSTWAR PLANNING COMMITTEE OF THE CANADIAN NURSES ASSOCIATION**

## How Can Nurses Fight for Peace?

LAURA HOLLAND

Germany has "unconditionally surrendered". Peace has been declared. The heart of every Canadian rejoices that organized warfare in Europe has ceased, but we all realize that although peace has been declared it has not yet been won, and the extent to which true peace can be realized will depend on the attitude and actions of every individual throughout the world.

It can be assumed that members of the Canadian Nurses Association are following with keen interest, and it is hoped with objectivity and without prejudice, the activities of the United Nations Organization, and that they will contribute in devious ways to local and national rehabilitation and reconstruction plans and programs. That is a duty, as well as an opportunity, that concerns every Canadian. As an Association, however, we have an inherent responsibility to help put into effect those principles and practices that must be exercised by each and every profession if the type of peace that our men and women in the Services have fought and died for is to be achieved.

Already our Association, through its national, provincial and local officials, has demonstrated its desire and willingness "to serve" in its own particular field, but to be 100 per cent effective every member should participate. What more can we do as an Association and as individual members?

As a first and practical step, let us try to face realistically the many adjustments necessary in our own group if we as nurses are to make the best possible contribution to the Peace Program. We can take pride in what the members of our profession have achieved in the war zones. Our hearts are warmed and our spirits lifted when we think of their return, for Canada needs their help to meet the new demands in the accelerated activities concerned with health.

During the war years, the civilian nurses on the home front (many of whom would have preferred to serve overseas if given the opportunity), have been called upon to assume increased responsibility, longer hours on duty, and, in addition, to assist in a variety of community activities in their leisure hours. Both in hospitals and elsewhere, increased staff turnover, less competent auxiliary help, and shortage of doctors, only added to the strain of those conscientious nurses who have held the fort so courageously. It is also true that this group have had unprecedented opportunity for widening their individual experience and advancement in their profession.

It is realized that those nurses in the Services who have remained in Canada have not had to contend with the deprivations of active service overseas, but have accepted cheerfully the temporary curtailment of their right to choose the place and type of work they preferred, and opportunity for personal advancement in their profession has been lessened. The nurses who went overseas have, in addition, faced from the first unpredictable physical hazards, and have been subjected to discomforts, dangers and a way of life that will tend to make adjustment to the slower pace of civilian life somewhat difficult. The psychological reaction of those who came in contact with the tragedies, deprivations and suffering in Europe is apt to occasion impatience with civilian practices and procedures that savour of red tape and the petty attitudes that seem to be more prevalent in situations undisturbed by gunfire and bombs.

There are many adjustments to be made in the postwar world and nursing is no exception. Even before the war, the schools of nursing and the universities responsible for post-graduate courses and the education of public health nurses were unable to supply an adequate number of trained personnel to meet the demand, and the required nursing personnel for the Armed Forces has created an even greater shortage. The recent expansion of preventive medicine, allied with the anticipated necessary increase of nursing activities concerned with health insurance, not to mention the great advance that has been made in industrial nursing, means that the demand in the future for the services of the nurse will be greater than ever. There is little danger of an unemployment problem in the field of nursing for years to come.

Following is a limited outline of anticipated needs:

1. Plans are underway to increase both the number of hospitals and the number of beds in existing hospitals. This anticipates that not only will an increase in the number of general duty nurses be required, but also registered nurses with post-graduate training and experience in administration and supervision.

2. There is a shortage of fully qualified instructors in the schools of nursing and the department of the universities responsible for post-graduate courses.

3. Pressure groups are advocating the building and extension of convalescent hospitals as well as institutions for both young and old chronics who should be hospitalized.

4. Except to the extent the Victorian Order of Nurses is organized nationally to meet the need, it is difficult and often financially impossible to provide nursing care in the home for persons in the low wage group.

5. There is need to organize the practical and undergraduate nurses, both for their own protection and that of the community they serve, which indicates a need for legislation concerned with licensing, training and supervision.

6. Insurance is imminent and implies an increased demand for nursing in all categories.

What special problems will the nurse, discharged from any of the three Services, have to face? War nursing, for obvious reasons, has its own special techniques, practices, methods and discipline, which differ in degree and routine from those used in peacetime institutions. A sudden change-over to duty in a civilian hospital after five years' absence will test the tolerance, understanding and patience of all concerned.

The psychological approach to the patient, the very diseases and surgical conditions encountered, differ as to variety, ratio and predominant type under war conditions. Since 1939, many changes along somewhat different lines have taken place in civilian hospitals and, if one can judge by what took place following the last war, many of the overseas nurses on discharge will feel the need for at least a period of re-orientation, and others will find satisfaction in taking a post-graduate course. As there is such urgent need for nurses in the administrative and teaching specialties every encouragement should be given the returned nurses with the necessary qualifications to take training along these lines. Their recent experience, so rich in providing an opportunity for a broader outlook and greater understanding, should be the best possible foundation on which to build future leaders in the nursing field.

There will be others who at first will not want to consider anything but a chance to relax, which will become in reality a period of re-creation of energy for the future. Still others, whose capacity for adventure has been fully satisfied, will have as their chief aim a return to the more or less routine job they had known before.

Not only has war tended to change personal attitudes and working conditions, but it has accelerated the need for many changes in the present and the future, and the field of nursing is no exception. New problems related to the maintenance and expansion of ***efficient*** nursing service throughout Canada have arisen for which a solution must be found and toward which the nursing profession has a responsibility to give leadership. Through legislation we have been granted the right to establish machinery to develop and maintain nursing standards. Such a privilege implies definite responsibilities.

Willingness to pool our professional resources should be an aim in order that the best nursing service can be given to the greatest number most in need of it, irrespective of whether they are located in rural or urban areas. This will necessitate the closest co-operation with the departments of health and education, the medical profession, as well as the community at large, all of whom must share this responsibility if the public are to receive adequate nursing care.

It is a challenge that must be met if we are to remain true to the basic philosophy of our Association and are to play our part in the Army prepared to fight for Peace.

## The Ida MacGregor Scholarships

The School of Nursing of the Royal Victoria Hospital has received a sum of $10,000 from which an annual scholarship of $400, to be called the Ida MacGregor Scholarship, is to be awarded. To quote the donor who wishes to remain unknown, "The gift is a tribute to a private duty nurse who held her profession in high honour, and who was intensely proud when the nurses themselves saved the School for Graduate Nurses at McGill University at a time when the University felt unable to finance it. Though in poor health herself, Miss MacGregor's thought was ever of others. Her ways were ways of skill and gentleness, of wisdom, pleasantness and peace."

This scholarship may be used for university post-graduate study, for hospital post-graduate work, or for a travel scholarship for some one who has already had a good background of preparation and experience. If no suitable candidate presents herself two scholarships may be awarded the following year. The emphasis is to be placed on the character and nursing accomplishment of the recipient.

## M. L. I. C. Nursing Service

*Jacqueline Cadieux* (Sacred Heart Hospital, Hull, and University of Montreal public health course) has been appointed to the Metropolitan staff in Montreal. *Simonne Patry* (Sacred Heart Hospital, Hull, and University of Montreal public health course) recently returned to the Montreal staff. Miss Patry went on leave of absence in June 1942 to join the R.C.A.M.C. Nursing Service. *Lucille Cote* (Providence Hospital, Montreal, and University of Montreal public health course), of the Montreal staff, has resigned.

*Juliette Goyer* (Hotel Dieu of St. Joseph Hospital, Montreal, and University of Montreal public health course) has been transferred from Drummondville, P. Q. to Montreal. *Adeste Martin* (Hotel Dieu Hospital, Montreal, and University of Montreal public health course) was recently transferred from Montreal to Drummondville.

# Nursing Education

**Contributed by**

**COMMITTEE ON NURSING EDUCATION OF THE CANADIAN NURSES ASS'N.**

## Post-Graduate Work Available in Canada

Following two preceding articles on post-graduate courses, published in the May and June numbers of the *Journal,* there follows a list of post-graduate work available in Canada.

It is not claimed that this list is absolutely complete. A questionnaire was sent to all nursing schools, and to some hospitals without schools. The response to this was very prompt and gratifying, and the list which follows is based on it. We apologize for any unintentional mistakes or omissions, and shall be glad to print corrections.

Nurses who are interested should write to the school or hospital concerned for further information.

### POST-GRADUATE COURSES IN UNIVERSITIES

| **Name & Location of University** | *Courses Available* | *Length of Course* |
|---|---|---|
| University of British Columbia Dept. of Nursing & Health, Vancouver. | Public health nursing. | 1 academic yr. |
| | Teaching & supervision in schools of nursing. | 1 academic yr. |
| University of Alberta, School of Nursing, Edmonton. | Public health nursing | 1 yr. |
| | Hospital administration. | 2 months. |
| | Practical obstetrics (advanced). | 3 months. |
| | Degree course for graduate nurses. | 2 yrs. |
| University of Manitoba, School of Nursing Education, Winnipeg. | Certificate courses in: | |
| | Public health nursing | 10 months |
| | Teaching & supervision | 9 months. |
| | School of nursing administration | 9 months. |
| University of Western Ontario, Faculty of Public Health, London. | Certificate courses in: | |
| | Public health nursing | 8 months. |
| | Hospital administration. | 8 months. |
| | Instructor in nursing. | 8 months. |
| University of Ottawa, School of Nursing, Ottawa, Ont. | Certificate courses in: | |
| | Public health nursing. | 1 academic yr. |
| | Nursing education & supervision | 1 academic yr. |
| | Clinical course in: | |
| | Ward teaching & supervision. | 4 months. |
| | Operating room technique. | 4 months. |
| | Pediatric nursing. | 4 months. |
| | Degree courses for graduate nurses: | |
| | Public health nursing. | 2 academic yrs. |
| | Nursing education & supervision | 2 academic yrs. |
| University of Toronto, School of Nursing, Toronto 5, Ont. | Graduate courses leading to a certificate: | |
| | Clinical supervision. | 1 academic yr. |
| | Hospital administration. | 1 academic yr. |
| | Nursing education. | 1 academic yr. |
| | Public health nursing. | 1 academic yr. |
| | Advanced & special courses. | 1 academic yr. |

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|---|---|---|
| | Graduate courses leading to a diploma: | |
| | Nursing education. | 2 yrs. |
| | Public health nursing. | 2 yrs. |
| McGill University, School for Graduate Nurses, Montreal 2, Que. | Graduate courses leading to a certificate: | |
| | Teaching & supervision in schools of nursing. | 1 academic yr. |
| | Public health nursing. | 1 academic yr. |
| | Administration in schools of nursing (advanced). | 1 academic yr. |
| | Administration & supervision in public health nursing (advanced). | 1 academic yr. |
| | Administration & supervision in psychiatric nursing. | 1 academic yr. |
| | Graduate courses leading to a degree in nursing: | |
| | Offered in fields as listed above. | 2 academic yrs. |
| Institut Marguerite d'Youville, 1185 rue St. Mathieu, Montreal, 25, Que. | Nursing education (B.Sc. degree). | 2 yrs. |
| | Teaching in schools of nursing (diploma). | 1 yr. |
| | Clinical teaching (diploma). | 1 yr. |
| | Ward supervision & administration (diploma). | 1 yr. |
| | Organization in schools of nursing (diploma). | 1 yr. |
| | Certificate courses as listed above for diploma. | 4 months. |
| Laval University<br>Quebec City | Baccalauréat en sciences hospitalières | 2 yrs. |

## POST-GRADUATE COURSES AVAILABLE IN HOSPITAL SCHOOLS

| **Name & Location of Hospital** | *Courses Available* | *Length of Course* |
|---|---|---|
| Provincial Mental Hospital, Essondale, B.C. | Psychiatric nursing. | 6 months. |
| Vancouver General Hospital, Vancouver, B.C. | Operating room technique.<br>Obstetrics. | 3 months.<br>4 months. |
| St. Joseph's Hospital, Victoria, B.C. | Medical technology.<br>X-ray technology.<br>Operating room technique.<br>Obstetrical nursing.<br>Surgery (O.R. technique).<br>Obstetrics. | 18 months.<br>12 months.<br>4–8 months.<br>4–6 months.<br>4 months.<br>4 months. |
| Holy Cross Hospital, Calgary, Alta | Operating technique & management. | 4 months. |
| Royal Alexandra Hospital, Edmonton, Alta. | Operating room technique. | 4 months. |
| Provincial Mental Hospital, Ponoka, Alta. | Psychiatric nursing. | 6 months. |
| Winnipeg Municipal Hospitals, Winnipeg, Man. | Communicable disease (including tuberculosis if desired). | 3 months. |
| Hamilton General Hospital, Hamilton, Ont. | Obstetrics. | 14 weeks. |
| Ontario Hospital, London, Ont. | Psychiatric nursing (deferred affiliation). | 3 months. |

| | | |
|---|---|---|
| Strathcona Hospital for Communicable Diseases, Range Rd., Ottawa, Ont. | Communicable diseases. | 3 months. |
| St. Michael's Hospital, Toronto, Ont. | Operating room technique & management.<br>Obstetrical nursing. | 4 months.<br>4 months. |
| Toronto Hospital for the Treatment of Tuberculosis, Weston, Ont. | Tuberculosis. | 3 months. |
| Children's Memorial Hospital, Montreal 25, Que. | Pediatrics. | 6 months. |
| Phillips Training School for Nurses, Homoeopathic Hospital, Montreal 28, Que. | X-ray technology. | 1 yr. |
| Shriners' Hospital for Crippled Children, Montreal 25, Que. | Pediatric orthopedic nursing (delayed affiliation). | 2 months. |
| Royal Victoria Hospital, Montreal 2, Que. | Obstetrical nursing.<br>Gynecological nursing.<br>Psychiatric nursing.<br>(see also McGill University). | 4 months.<br>2 months.<br>1 yr. |
| Hôpital Ste-Justine, 6055 rue St. Denis, Montreal, Que. | Pediatrics. | 6 months. |
| Verdun Protestant Hospital. P.O. Box 6034, Montreal, Que. | Psychiatric nursing (delayed affiliation). | 3 months. |
| Ecole des Hospitalières, o.s.a.<br>Hotel-Dieu de Québec<br>Québec City | Operating room | 9 months |
| Halifax Infirmary, Halifax, N.S. | Operating room technique & management.<br>Obstetrical nursing.<br>Radiography. | 5 months.<br>5 months.<br>2 yrs. |

## ADDED EXPERIENCE ARRANGEMENTS IN HOSPITALS

| **Name & Location of Hospital** | *Courses Available* | *Length of Course* |
|---|---|---|
| Vancouver General Hospital, Vancouver, B.C. | Arrangements are made when requested. | —— |
| St. Joseph's Hospital, Victoria, B.C | Surgical nursing.<br>Medical nursing. | 6 months.<br>6 months. |
| Calgary General Hospital, Calgary Alta. | Obstetrics.<br>Pediatrics.<br>Surgery. | 1 yr.<br>1 yr.<br>1 yr. |
| St. Boniface Hospital, St. Boniface Man. | Operating room technique (as requested). | —— |
| Children's Hospital of Winnipeg, Aberdeen & Main Sts., East, Winnipeg, Man. | Pediatrics. | 4 months. |
| Kingston General Hospital, Kingston, Ont. | Operating room. | 1 month. |
| Hospital for Sick Children, Toronto, Ont. | Pediatrics.<br>Operating room technique. | 4 months & 6 months<br>3 months. |
| Toronto General Hospital, Toronto, Ont. | Operating room technique. | 4 months. |

| | | |
|---|---|---|
| Toronto Western Hospital, Toronto, Ont. | Operating room technique & management. | 4 months. |
| Montreal General Hospital, Montreal 18, Que. | Operating room. | 3 months. |
| Royal Victoria Hospital, Montreal 2, Que. | Operating room. | 3–4 months. |
| Hôpital General Saint-Vincent de Paul, 132 King St. E., Sherbrooke, Que. | X-ray technology. | 1 yr. |
| Shriners' Hospital for Crippled Children, Montreal, 25, Que. | Pediatric orthopedic nursing (as requested). | —— |
| Hôpital St. Luc, 32 rue Ste. Ursule Quebec City. | Clinical experience. | 6 weeks. |
| Saint John General Hospital, Saint John, N.B. | Experience as requested in:<br>Pediatrics.<br>Obstetrics.<br>Medical nursing.<br>Surgical nursing. | —— |
| St. Joseph's School of Nursing, Hotel Dieu Hospital, Campbellton, N.B. | Obstetrics.<br>Pediatrics.<br>Surgical nursing.<br>(as requested). | —— |

# A New Assistant Secretary

The President of the Canadian Nurses Association announces the appointment of Miss Winnifred Muriel Cooke as Assistant Secretary of the Association. Miss Cooke, a native of the Province of Quebec, is a graduate of The Montreal General Hospital School for Nurses and of the McGill School for Graduate Nurses where she received a certificate in teaching and supervision in schools of nursing.

Miss Cooke has been in charge of the teaching at the school of nursing in the Royal Jubilee Hospital, Victoria, B.C., the Aberdeen Hospital, New Glasgow, N.S., and the Ottawa Civic Hospital. She has been secretary of the Hospital and School of Nursing Section of the C.N.A. and has had considerable experience in local association work. Thus she comes to the National Office with a good knowledge of nursing problems in various parts of Canada. Miss Cooke will assume her new duties on August 1, 1945.

*Meyers, Montreal*

WINNIFRED M. COOKE

# Notes from National Office

Contributed by GERTRUDE M. HALL

General Secretary, The Canadian Nurses Association

## Provincial Association Activities

The outstanding activities of the Provincial Associations of Registered Nurses during the past months are summarized for the information of members of the Canadian Nurses Association:

*Alberta Association of Registered Nurses*: An experimental Placement Bureau has been established in Edmonton, in conjunction with the regional registry office, and is conducted by the regional registrar.

The director of publicity and student recruitment has received splendid cooperation from schools, the press, radio, stores, etc., and considerable interest in nursing has been evidenced by high school girls.

Eleven nurses completed the two-months' course in administration for superintendents of small hospitals and several enquiries have already been received relative to registering for a future course.

"A Collection of Facts — Alberta Hospitals" will be available to schools of nursing and other interested persons. These data were collected by Miss Kate Brighty and are related to the history of nursing in Alberta.

*Registered Nurses' Association of British Columbia*: Forty-one graduate nurses completed courses in the University of British Columbia — thirty-two, including five degree - course students, in public health nursing, and nine in teaching and supervision, including three degree-course students. Seventeen of these forty-one students received aid through the Federal Government Grant bursaries.

Four new chapters have organized during the year and the reports of districts and chapters presented to the annual meeting show increased interest in Association affairs.

In the provincial Placement Service, which is becoming more active, the problems of nurse shortage continue and increase. Married women are resigning in great numbers. The armed forces are continuing to call nurses, and and the D.V.A. hospitals are absorbing all "unattached" nurses. The few nursing sisters who return are planning to take post-graduate work before accepting positions.

*Manitoba Association of Registered Nurses*: An Act to provide for the training, examination, licensing and regulation of practical nurses under the provincial Department of Heatlh and Publice Welfare was assented to March 23, 1945.

A Brief was presented by the board of directors of the Manitoba Association of Registered Nurses to the board of governors, the University of Manitoba, requesting that the school of nursing education be incorporated into the University of Manitoba as a permanent faculty.

The Manitoba Student Nurses' Association was formed in November, 1944, under the sponsorship of the M.A.R.N. Monthly meetings have been held since then and the student nurses are most enthusiastic. At the time of the annual meeting, your general secretary and the editor and business manager of *The Canadian Nurse* both addressed the Manitoba Student Nurses' Association.

An amendment to Section 9 of the Manitoba Registration Act was passed in 1945, giving greater discretionary powers to the board of managers respecting the admission to membership in the Association.

*New Brunswick Association of Registered Nurses*: Publicity continues to be active. Posters and pamphlets were distributed through the local chapters, hospitals and by public health nurses. The trailer, "White Sentinels Guard Vital Outposts", was routed over the theatre circuits.

The library, opened last year, is proving of great interest, as is the clipping service in connection with it.

The committees on Postwar Planning and Nurse Placement Service have been merged to form one, and a survey of provincial resources and needs is being undertaken.

A group of practical nurses in one locality of New Brunswick has appealed to the N.B.A.R.N. for guidance regarding becoming licensed. They are attempting to make contact with other groups of practical nurses in the province in order to obtain better co-operation and understanding among themselves.

An institute for hospital staff nurses, under the leadership of Miss Marion Lindeburgh, director, McGill School for Graduate Nurses, is scheduled for June 6, 7 and 8.

*Registered Nurses' Association of Nova Scotia*: At the executive meeting held in Sydney, March 10, 1945, it was decided to send the following resolution to Dr. Davis, Minister of Public Health for Nova Scotia: "That the Association go on record as approving and urging the desirability of psychiatric units in modern general hospitals, where a specialist is available, and in particular that such a unit be established in the new public hospital in Halifax, under construction at present."

Miss Mary Mathewson, assistant director, McGill School for Graduate Nurses, conducted a refresher course in public health nursing in February.

Miss Electa MacLennan, assistant secretary, C.N.A., visited Nova Scotia in February and interviewed many superintendents of nurses of schools of nursing regarding student enrolment. She also addressed some high school groups.

The film, "White Sentinels Guard Vital Outposts", has been shown in most of the theatres throughout Nova Scotia. Posters and pamphlets continue to be widely distributed.

*Registered Nurses Association of Ontario*: At the annual meeting of the Registered Nurses Association of Ontario on April 12, 13 and 14, it was recommended that the Honorable the Minister of Health be asked to withdraw the Bill to amend the Nurses' Registration Act, to include the words "Registered Assistant Nurse". The meeting felt that a study of a Practice Act covering all nursing (professional and assistant) should be made before any legislation is again submitted.

Resolutions from the General Nursing Section: "That the board of directors through the proper channels attempt to establish for nurses a priority in the purchase of uniforms, shoes and hose."

A resolution requesting that the R.N.A.O. take steps to have clinical experience in Tuberculosis Nursing made an integral part of the basic course in nursing was received from the Nurses Council on Tuberculosis Nursing following the special session on "Tuberculosis as a Community Problem" when Miss Grace M. Longhurst was the special speaker. After discussion of this resolution the following amendment was adopted: "Therefore be it resolved that the Registered Nurses Association of Ontario should take steps to stimulate more interest in tuberculosis affiliation for general hospital students and to facilitate arrangements to accomplish it."

*Registered Nurses Association of Prince Edward Island*: With the money received from the Federal Government Grant, clinical supervisors have been placed in the three schools of nursing for approximately six months each. Travelling instructors in chemistry and dietetics have helped in making the instruction of nurses more general in these subjects.

A very successful refresher course in pediatrics was given by Miss M. Flander of the Children's Memorial Hospital, Montreal. Undergraduates were privileged to attend this course, too, to learn the modern care of the well child. Miss M. Lindeburgh, director, McGill School for Graduate Nurses, is conducting an institute in supervision in June.

Studies are being made of provincial Acts and of provincial registration examinations.

*Registered Nurses Association of the Province of Quebec*: In Quebec, as in several other provinces, married and retired nurses, together with V.A.D.'s, have done and are doing yeoman service, without which there is little doubt but that our hospitals would have been in worse than desperate circumstances.

Committees on publicity and recruitment have been active. Newspaper articles, distribution of posters and pamphlets, window displays, radio talks and conferences with high school students have constituted the programs.

Twelve district associations have been formed through an amendment of the Act.

The British system of preliminary or qualifying examinations at the end of the student's first year was put into operation in April.

*Saskatchewan Registered Nurses' Association*: In the Health Services Act, passed in November, 1944, provision has been made for nursing service by registered nurses under conditions set forth in the Act, and as part of the health services. A former president of the S.R.N.A. represents this Association on the Advisory Commission to the Health Services Commission.

An Instructors Institute was held in February under the direction of the travelling instructor. Refresher courses were held in March, as well as an intensive course on the epidemiology of venereal disease conducted by the Department of Health.

Plans for affiliation with the Anti-Tuberculosis League for students in approved schools of nursing in Saskatchewan are being established.

Action has been taken to include first year qualifying examinations for nurse registration.

A joint committee of representatives of the Saskatchewan Hospital Association, Saskatchewan College of Physicians and Surgeons, and the Saskatchewan Registered Nurses' Association is functioning well. It assists with the study of conditions related to nurses and nursing service, especially in hospitals.

The organization of chapters has already produced greater professional unity.

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## Executive Meeting

A meeting of the executive comittee of the Canadian Nurses Association was held in Montreal on May 31, June 1 and 2, 1945. Those present included: the president, Miss F. Munroe; the past president, Miss M. Lindeburgh; first vice-president, Miss R. Chittick; second vice-president, Miss E. Cryderman; honourary secretary, Miss E. Mallory; honourary treasurer, Miss M. Jenkins; chairmen of sections: Miss M. Batson, Hospital and School of Nursing; Miss H. McArthur, Public Health; Miss P. Brownell, General Nursing; convener of Committee on Nursing

Education, Miss E. K. Russell; and the following councillors: Miss B. Beattie (Alta.); Miss T. Hunter (B.C.); Miss L. Pettigrew (Man.); Miss M. Myers (N.B.); Miss R. MacDonald (N.S.); Miss J. Masten, Miss C. Livingston (Ont.); Miss D. Cox (P.E.I.); Misses E. Flanagan, W. MacLean, A. M. Robert, J. Trudel, French-speaking associate adviser (Que.); Miss M. Diederichs (Sask.); Miss M. Kerr, editor and business Manager of *The Canadian Nurse;* Miss G. Hall, general secretary; Miss E. MacLennan, assistant secretary. Upon invitation: Miss E. Rogers, registrar (Alta.); Miss A. Wright, executive secretary (B.C.); Miss M. Street, executive secretary (Man.); Miss A. Law, secretary-treasurer (N.B.); Miss J. Dunning, registrar (N.S.); Miss M. Fitzgerald, secretary-treasurer (Ont.); Miss F. Upton, executive secretary (Que.); Miss K. Ellis, registrar (Sask); Miss N. Fidler, Miss W. Cooke. Upon invitation for special committee reports: Miss E. Johns, Miss E. Beith, Mrs. C. Townsend, Mother Allaire.

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# Annual Meeting in Manitoba

The thirty-first annual meeting of the Manitoba Association of Registered Nurses was held April 16 and 17, 1945, at the Fort Garry Hotel, Winnipeg. Two hundred and nine members registered. The president, Miss Lillian Pettigrew, presided. The officers and members of the Association were delighted to have as their guests upon this occasion, Miss Getrude Hall, general secretary of the Canadian Nurses Association, and Miss Margaret Kerr, editor of *The Canadian Nurse Journal.* These two distinguished guests contributed greatly to the value of the sessions.

In her presidential address, Miss Pettigrew reviewed some of the major developments of the past year and stressed the need of thoughtful planning for the future. With reference to the Practical Nurse legislation recently enacted by the Manitoba Legislature, Miss Pettigrew reminded the members that the thoughts of professional nurses should now be directed to the obligations that such legislation implies.

Miss Gertrude Hall, in her challenging address, "Bridges to the Future", stated that because of the fact that the war has brought about such amazing developments in science, in all branches of medicine, surgery, nursing education, public health and social security plans, it is our duty both as citizens and as members of the nursing profession to prepare ourselves to play a full part in extending these developments in the future.

The executive-secretary, registrar and school of nursing adviser, in presenting her reports, expressed the regret of the Association in Mrs. Marion Botsford's resignation as assistant executive secretary in July 1944. Miss Frances Waugh assumed the duties of assistant to the executive secretary and school of nursing adviser on September 15, 1944. Three members of this Association have been accepted for service abroad under the auspices of UNRRA — Misses Josephine de Brincat, Helena Reimer and Jean Petty. Two hundred and sixty-six members of the Manitoba Association of Registered Nurses are now serving in the Armed Forces. New registrants admitted to membership in the Association during the year totalled 297. Under the new schedule of Registration Examinations, adopted in November, 1944, Anatomy and Physiology is discontinued as a separate paper (this subject being now written at the end of the first year). Another feature of the new schedule is the inclusion of an examination in Surgical Specialties (Eye, Ear, Nose and Throat, Gynecology and Orthopedics), in addition to that in Surgical Nursing. With regard to the First Year Qualifying Examinations, an analysis of the results from June 1942 to the present reveals that, of 845 candidates who have written the examinations, 663 or 78.4 per cent passed on first writing, while a total of thirty-five candidates, or 4.14 per cent have been disqualified.

Miss Frances Waugh, assistance executive secretary, reported upon administration of the Government Grant fund, the student nurse recruitment program, and the organization of the Manitoba Student Nurses' Association.

On Monday evening, the members of the Manitoba Student Nurses' Association were privileged to meet Miss Hall and Miss Kerr, who spoke to them upon professional organizations and our professional *Journal*.

At the morning session, on April 17, reports were presented from the Graduate Nurses Associations of Brandon, Dauphin, The Pas, Flin Flon, and Selkirk; from the Public Health, General Nursing and Hospital and School of Nursing Sections; from standing committees, special committees and representatives.

The report of the Legislative Committee (convener, Miss Grace Spice) was of particular interest, as it dealt with the recently enacted amendment to the Act of the Manitoba Association of Registered Nurses, as well as with the Act to provide for the training, examination, licensing and regulation of Practical Nurses. The Placement director, Miss Olive Thomas, traced the development of the Provincial Placement Service from the time of its establishment in August, 1944. To date, there have been 4,420 office interviews and 162 applications filed by nurses. One hundred and seventy-six requests for nurses have been received. One hundred and seven nurses have been placed in positions, 51 in city hospitals, 26 in rural hospitals, 15 in sanatoria, and 15 in health agencies or industrial plants. The Placement director reported continued difficulty in procuring staff nurses for rural hospitals and sanatoria. Concluding the morning session, an informal talk was given by Mr. Phillip Dawson, executive director of the Manitoba Hospital Service Association, who outlined the development of pre-paid hospital care and medical services.

The guest speaker at the Public Health luncheon was Lieut.-Col. Charles H. A. Walton, M.D., who delivered a most informative and inspiring address on "Doctors and Nurses in Action", with particular reference to public health developments in the theatres of war.

At the opening of the afternoon session, the interesting report of the Manitoba Student Nurses' Association was given by its first president, Miss Dorothy Marshall, who outlined the aims and organization of this newly-formed body. Miss Marshall described the activities of the various committees of the Association: music, sports, literary, dramatic and current events. Meetings have been well-attended, and have already "broadened our outlook on nursing and have made us realize that nurses everywhere have common problems", the president stated.

The guest speaker of the afternoon, Miss Margaret Kerr, in her most enjoyable and invigorating address, "Over the Editor's Desk", traced the development of the *Journal* during the past forty years and pointed the way to future growth and development. With earnestness, sincerity and humour, Miss Kerr made an appeal to the individual nurse to realize her responsibility in giving all-out support to her professional *Journal*. "Your *Journal* is what *you* make it", Miss Kerr concluded.

An excellent program, "Co-ordinated Effort", was then presented by representatives of the three Sections under the direction of the conveners, Misses Lorraine Miller, Beryl Seeman and Jean Gordon. This presentation, which consisted of a number of related projects, showed the manner in which all fields of nursing service — private duty, hospital and school of nursing, staff duty and public health — co-operate in the education of the student nurse as well as in the care of the patient, in hospital, home and community.

In addition to resolutions of appreciation and thanks, the report of the Resolutions Committee contained a resolution that the Manitoba Association of Registered Nurses request that the membership of the recently appointed provincial Tuberculosis Control Commission be enlarged to include two registered nurses.

The convention concluded with a banquet attended by one hundred and sixty-five members and guests. The banquet hall was beautifully decorated for the occasion by the Social Committee under the able convenership of Miss Kathryn McLearn. Flags of the united nations and spring flowers in red, white and blue tones provided an appropriate setting for the address of the evening. Mrs. R. F. McWilliams spoke upon the subject of UNRRA. Her address was one of absorbing interest, realism and challenge. In simple, sincere, and forthright words, the speaker painted a vivid picture of UNRRA's broad field of service, and of the need for continued and increased self-sacrifice on the part of all the people of

Canada, if the peoples of Europe are to be saved from disasters greater than those which have yet befallen them—disease and starvation.

Miss Lillian Pettigrew was re-elected president for the coming year.

MARGARET M. STREET
*Executive Secretary, M.A.R.N.*

# Annual Meeting in Ontario

The twentieth annual meeting of the Registered Nurses Association of Ontario held in Toronto, April 12-14, 1945, was opened by the president, Miss Jean I. Masten. The Association was very pleased to welcome Miss Electa MacLennan, assistant secretary, C.N.A., who brought greetings from the Canadian Nurses Association and who so willingly gave assistance on questions under discussion. Miss Eileen Flanagan, president, Registered Nurses Association of the Province of Quebec, who attended the meeting is always a welcome visitor. The president, in her address at the opening session, summarized the nursing trends and events in the life of the Association during the past year and stated the most urgent internal problem to be that of strengthening the bonds between the nine districts which together form the provincial association.

At the afternoon session on April 12 the topic "The Place of Mental Hygiene and Mental Nursing in this Reconstruction Period" was introduced by Dr. G. H. Stevenson, superintendent, Ontario Hospital, London. Other papers included: "Preparation for Psychiatric Nursing" by Hilda Bennett, University of Toronto School of Nursing; "Mental Hygiene Problems in Generalized Public Health Nursing" by Eileen Cryderman, Department of Public Health, Toronto; "Mental Hygiene and Hospital Nursing" by Mrs. Laura Fitzsimmons, nursing consultant, Committee on Psychiatric Nursing, American Psychiatric Association. A second special session was held on Friday afternoon when the subject was "Tuberculosis as a Community Problem". The principal speaker was Miss Grace M. Longhurst, director of nursing service, Mt. Morris Tuberculosis Hospital, Mt. Morris, N.Y. Following the address "Information Please" was conducted by Miss Edna L. Moore with the following authorities to answer questions: Miss Longhurst; Dr. G. C. Brink and Dr. K. G. Shorey, Division of Tuberculosis Control, Ontario Department of Health; Dr. C. G. Shaver, superintendent, Niagara Peninsula Sanatorium; Mrs. Agnes Haygarth, director, public health nursing, Hamilton; Gladys Sharpe, director of nursing, Toronto Western Hospital. The attendance of approximately seven hundred at each of these special sessions demonstrated that this was the type of meeting the nurses wanted. The papers presented were all very interesting.

At the annual dinner, when 494 members and guests were present, Miss Edith R. Dick acting director, Nurse Registration Branch, spoke on "Experience with a Canadian General Hospital in England and France". Miss Dick's talk was extremely interesting and informative with regard to the work carried on by the nursing sisters in hospitals overseas. Due to wartime service conditions the hotel was unable to serve all who wanted to attend the dinner and many of these came in later to hear Miss Dick. Miss Beatrice Ellis, Miss A. M. Munn and Miss Janet Neilson were special guests of honour.

The business meetings of the three sections were held concurrently on Saturday morning. At the Public Health Section meeting the special speaker was Dr. C. C. Goldring, superintendent of schools for Toronto. A general session followed when the Honourable Dana Porter, Minister of Development and Planning, was the special speaker. In his timely address the Minister stressed the extent to which the government must rely upon the assistance of organized groups in instituting an effective program of post-war planning, and the responsibility which these groups, including the nursing profession, must assume, each in its own sphere.

Reports were presented at the business sessions from all standing and special committees and sections. A summary of the district reports was presented by Miss Florence H. Walker. A folio, including the report of the secretary, financial statements and the proposed budget, was prepared and given to all members who registered. The membership committee reported that the membership on December 31, 1944, was 7,024 representing aprpoximately 43 per cent of the nurses holding 1944 registration in Ontario. The Legislation Committee presented an amendment to the By-Laws, which was voted on by ballot and passed, whereby the annual fee for membership was increase to $4.00 and will come into effect for the 1946 fees. The report of the Registry Adviser stated there were now twenty-one organized registries in Ontario with an enrolment of approimately 2,840 registered nurses. The Permanent Education Fund reported that six loans had been granted in 1944. Loans are available and granted to members to assist them in taking post-graduate courses. The total convention registration was 599, including fifty-three students who were representatives from thirty-four schools of nursing in Ontario. Due to the problem of hotel accommodation and available dates for conventions it was agreed that the annual meeting in 1946 should be held in Toronto on October 28-31.

The following are the officers: president, Jean I. Masten; vice-presidents, M. B. Anderson, G. Ross; section chairmen: Hospital and School of Nursing, Blanche McPhedran; Public Health, M. C. Livingston; General Nursing, Kathleen Layton; district chairmen: M. Jones, Mrs. K. Cowie, A. Scheifele, C. McCorquodale, Mrs. E. Brackenridge, I. MacMillan, W. Cooke, S. Laine, M. Spidell.

MATILDA E. FITZGERALD
*Secretary-Treasurer, R.N.A.O*

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## Annual Meeting in Alberta

The twenty-seventh annual meeting of the Alberta Association of Registered Nurses was held in the Palliser Hotel, Calgary, on March 26, 1945. Despite the one-day meeting confined to business only, the province was well represented by 127 members in attendance, many of whom came from outlying points.

After giving her presidential address, Miss Ida Johnson introduced three special guests: Miss Gertrude M. Hall, general secretary of the Canadian Nurses Association; Miss Margaret E. Kerr, editor and business manager of *The Canadian Nurse;* and Miss Elizabeth Bell Rogers, newly-appointed registrar and secretary of the Alberta Association of Registered Nurses.

Reports of Districts and Standing Committees occupied the morning session, followed by sectional meetings, election of officers and general discussion in the afternoon.

Miss Ella M. Howard, acting registrar since the retiral of Miss E. A. Pearston on February 1, 1945, reported on the progress of the Association, including courses and activities made possible by the Federal Grant. For the next three years, as an experiment, student nurses are to be allowed one week sick leave, not cumulative, and Dominion-Provincial assistance to prospective students is to be continued for 1945-46.

Seating capacity was at a premium when Miss Gertrude Hall addressed a luncheon meeting on "The Future is Already Here". Later, Miss Margaret Kerr spoke with enthusiasm for *The Canadian Nurse,* her address bearing the title "Over the Editor's Desk".

At the Hospital and School of Nursing Section meeting, chaired by Miss Loretta Shantz in the absence of Miss Bertha von Gruenigen, it was decided that Instructors Groups in Edmonton and Calgary should study the question of adopting qualifying registration examinations at the completion of the student's first year in training as recommended at the C.N.A. Biennial Meeting in 1944, and to recommend the establishment of a school in hospital teaching and supervision at the University of Alberta. A paper on clinical supervision was presented by Miss Marion Gamsby.

Miss Betty Thorne of Calgary gave a paper on Industrial Nursing at the Public Health Section meeting, following which the group considered the feasibility of a short course or institute being given on this subject.

A discussion of salaries paid to general duty nurses occupied sessions of the General Nursing Section chaired by Miss Nancy Sewallis.

A good deal of discussion followed the reports of the Labour Relations and Legislation Committees, which it was decided to re-organize so that conveners might be is one centre.

The rehabilitation of women from the Armed Forces who might wish to enter training in approved schools of nursing in Alberta was considered in the report of the Committee on Post-war Planning, and nurse councillors are to be appointed at the rehabilitation centres to whom interested applicants may refer for information on nursing as a profession.

A report of special interest to all nurses dealt with the study of Placement Bureaux presented by Miss Ida Johnson, following which a motion was adopted authorizing the Council to meet with District representatives at an early date in order to discuss the possibility of establishing a Placement Bureau in Alberta.

A motion to increase the annual membership fee to $5.00 was adopted, effective January 1, 1946. Notice of motion to change By-law 16 of the Constitution relating to the election of officers will be sent to each member, to be voted upon at the next annual meeting.

Officers elected for the ensuing term are: president, Barbara Beattie; first vice-president, Helen G. McArthur; second vice-president, E. Kathleen Connor; councillor, Sister Alice Herman.

Elizabeth B. Rogers
*Registrar & Executive Secretary, A.A.R.N.*

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## R.C.A.M.C. Nursing Service

Matron-in-chief *Dorothy I. MacRae* has been promoted to the Acting rank of full Colonel. The R.C.A.M.C. Nursing Service is very proud to announce this promotion which is well merited by Miss MacRae and the honour which it brings to the Service.

Capt. (Matron) *Kathleen D. Ross* (Winnipeg General Hospital) is Matron of Shilo Military Hospital, Man. Capt. (Matron) *Helen B. Crease* (Wellesley Hospital, Toronto) is teaching instructress at Debert Military Hospital, N.S. Capt. (Matron) *Bessie E. Mulvagh* (Ottawa Civic Hospital) is Assistant Matron of Kingston Military Hospital. Capt. (Matron) *May E. Reid* (Regina Grey Nuns' Hospital) is Assistant Matron of Vancouver Military Hospital. Major (P/M) *M. C. Crawford* is Principal Matron of the Hospital Ship *Letitia* and has been replaced at Chorley Park Military Hospital by P/M *Shaffner* who has recently returned from overseas. Major (P/M) *Rose L. King* is Principal Matron in the District Medical Officers' Office in Military District No. 6, and has been replaced by (P/M) *Kathleen B. Harvey* at Debert Military Hospital.

The following have been awarded the R.R.C.: Capt. (Matron) *Jeannette Vachon* (St. Sacrement Hospital, Quebec); Capt. (Matron) *Isabelle (Gillespie) Wyatt* (Royal Victoria Hospital, Montreal).

The following have been awarded the A.R.R.C.: Lieut. (N/S) *Elizabeth Andreas* (Regina General Hospital); Lieut. (N/S *Ida Burkholder* (Ottawa Civic Hospital); Lieut. (N/S) *Kathleen McLeod* (Royal Victoria Hospital, Montreal).

The following have been mentioned in Despatches: A/Major (P/M) *Evelyn A. Pepper* (Ottawa Civic Hospital); Lieut. (N/S) *Anna H. Craig* (Royal Victoria Hospital, Montreal); Lieut. (N/S) *Audrey Auger* (King Edward Hospital, Bermuda); Lieut. (N/S) *Margaret E. Arnold* (Ottawa Civic Hospital); Lieut. (N/S) *Jean T. (Hackland) Marshall* (Grace Hospital, Detroit); Lieut. (N/S) *Marjorie M. McCulloch* (St. Boniface Hospital); Lieut. (N/S *Marie Latour* (St. Luke's Hospital, Montreal); Lieut. (N/S) *Elizabeth M. Gordon* (St. Mary's Hospital, Sault Ste. Marie); Lieut. (N/S) *Alice Ecklund* (Edmonton General Hospital).

# Experiences at a Nursing Outpost

*Editor's Note*: The following are excerpts from a letter received from Alice Phillips who has been nursing with the Grenfell Medical Mission at their base hospital in St. Anthony, Newfoundland. From there she was sent on a medical trip to a nursing outpost ninety miles away and these are some of her experiences during those few weeks.

I was whisked off here in a great hurry, in answer to many emergency calls and expected to stay only a few days. It is now exactly three weeks and I am still terribly busy. Little did I know what was ahead or would I ever have tackled it? I really didn't have much choice. Two days had been spent in getting together suitable clothes, medical supplies, etc. They sent a dog-team for me from Canada Bay and we left bright and early the next morning. The trip was a marvellous experience. I had expected to freeze as one nearly always does on a dog-team, but I guess the warm dickie outfit which I wore was adequate. I enjoyed it immensely. We had eleven dogs and two men, the komatik box and me (quite a load!) A komatik is the type of dog-sled used here. The going was good, as there was not too much snow and we covered a good sixty miles with the temperature registering -10 degrees. We stopped at a woodsman's cabin for a warmup and tea half way, then camped the night in Mainbrook. We lodged in a cabin where our quarters were small and crowded but the friendly people fed us and soon I was sleeping soundly on a feather bed which I shared with the lady of the house. We rose early to a breakfast of bread and tea. After travelling about fifteen miles we made camp, had coffee, soup, corned beef and chocolates. (As the men told me, "To keep your blood warm, Miss".)

*Assembling the dog-teams.*

Well, it was fun and the men were good to me and I began to think what a wonderful life this was. We travelled on into starlight with a full bright moon shining down on us through the trees, and finally arrived at our destination at 8 p.m. On the outskirts of the village I had to stop off to see a sick woman who was seven months pregnant and very ill. After an examination I decided to leave her till morning and proceeded to where I was to stay.

To explain matters a bit, there is a nursing station here which closed down last October when the nurse left. The people have been without medical care for several months and there are few supplies at my disposal. I am using the dispensary at the station which is a few minutes walk from the house.

I was no sooner settled, fed, introduced and in bed, than a knock came to the door. They wanted me for the "woman" right away. I got up, dressed and taking with me my maternity bag I proceeded to walk the long cold three miles back to the house we had just passed. I shall never forget the feeling I had at being dragged out of my bed that morning at three o'clock and into a howling blizzard. That was when I began to think of my kind friends' advice before I left for this country and began to realize that I was in for it at last! Nevertheless, it was exciting.

We reached the tiny shack to find conditions much the same as I had left them so I decided to stay the night.

There were three rooms in the house—the patient in one, three children in the other, the husband, myself and the chickens in the kitchen. I got a little sleep to be awakened in an hour or two to the tune of the rooster crowing and to the realization of the tasks that confronted me. My patient had slept on her hypodermic of morphine, her first sleep for three weeks. I gave her morning care, fed and bathed her, and left instructions with a neighbour as to her diet, etc. Later I took her to hospital where it was found she had cancer of the cervix and was unable to deliver herself.

I left for home after a breakfast of the eternal bread and tea. It was a beautiful sunny morning as I walked back over the ice and I saw something of this new part of the country. I watched the sun rise above the snow-capped hills and as it shimmered on the fresh snow I felt rejuvenated in spirit and ready to tackle whatever came.

I arrived home to a sea of aches and pains, cuts and infections, and people calling me from every doorway. With a scant supply of sterile dressings and bandages, I soon began to get uneasy. Most of the wounds were old, infected and neglected, and never before had I to make so many decisions by myself so hastily. The people took my word as gospel truth and in return expected me to have a direct cure and answer for all their "wonderful" aches and pains. The work became so heavy it was necessary to open the nursing station which made things a lot easier, with a girl to help keep up supplies. For the first few nights I was called every night; then things quieted down until a call came from a place ten miles away.

We arrived in two hours by dog-team. My patient was a boy of sixteen suffering severely from a long standing infection from impetigo and running a temperature of 104 degrees.I showed his mother how to put starch poultices on and left some ammoniated mercury ointment with her to apply when the crusts were removed. A week later I visited him and found him almost cured. It is cases like these which give impetus to our work up here.

Everyone in the village wanted to see "the nurse", but I had a feeling I should get back to my station that night. Sure enough I was no sooner in bed at midnight than a call came to a "woman in fits". How I dashed! I pulled on my ski pants over my pyjamas, grabbed my bag and followed the man to their home where I found a woman in an eclamptic convulsion. I learned she had been taking convulsions for twenty-four hours. I wired to the doctor at St. Anthony who rushed up some intravenous glucose and she did well for a few days. However, her family believed in faith healing and, the crisis passed, they ceased to co-operate. With all my tact and patience (what little was left) I tried to persuade them to send her to hospital by plane but all to no avail. Later she died and I felt very dispirited knowing she might have been saved. That is one of our many problems here.

Eventually the work was somewhat under control, and with four of the sickest patients I started our long trek back to St. Anthony. The night before I had been called to a maternity case, the fifteenth on my own but my first in a home. After two and a half hours the mother was delivered a boy weighing eight and a half pounds, and all was well. Almost immediately, I was called to see a woman with an apparent acute appendix whom I watched for the rest of the night. I decided she would have to go to hospital, and we got her off at 4.30 in the morning by dog-team. By ten o'clock our other three teams were on the trail despite the storm which was brewing. I had packed the patients in their coach-boxes well wrapped in blankets and quilts with hot irons to their feet. Crossing the barrens the dogs sunk in the snow up to their ears but there was no turning back. We crawled along at four miles an hour and

I thought of the ninety miles ahead! The poor drivers worked as hard as the dogs and in some cases pulled the komatiks themselves.

After the first six or seven miles the men were nearly exhausted so we stopped to "boil a kettle", which is done on top of the firm snow. The warm tea tasted good to everyone and we also ate a snack of lunch. The next ten miles were even worse than the first and my patients were none too well. The wind started to blow, it was snowing and breaking the trail was no picnic. In some places the driver had to go ahead on snowshoes to lead the dogs. At one point we lost the trail and knew ourselves to be miles from Mainbrook where we were to spend the night. At last it stopped snowing, the sky cleared, and we had the most gorgeous moonlight night. The full moon and bright stars shining down on the thick forest, laden heavy with fresh snow, was a picture of rare value.

At 3 a.m. we caught our first glimpse of a light. We had reached Mainbrook! Kind friends took us in and we unloaded the patients one by one from their komatiks to improvised beds. After several hours I had them comfortable and was settling to some rest myself when a knock came to the door and a team drew up. It turned out to be the patient who had left six hours ahead of us! Poor woman! During the storm they had lost their way and after making camp had waited for daylight. Apparently they had heard our dogs as they went by, followed the sound, and found the trail. The patient was badly shaken up but otherwise her condition was much the same. We rested all that day and the night and felt much better. A start was made early next morning to continue the last sixty miles of our trip to St. Anthony.

It was much better going, with the snow not so deep and we drove across the frozen bays nearly all the way. I now had lots of time to think, and wondered what it was that had brought me so far to this strange country and strange people; but I realized with satisfaction that this was the type of work I had longed to do and was at last fulfilling my cherished dream of "backwoods nursing".

Finally we got onto the home stretch and at midnight our hearts leaped for joy as we dashed down the last "fox farm hill" leading into St. Anthony. We awakened the whole staff as we drew up to the front door of the hospital. The nurses and aides helped me get the patients to bed. The cook got up and made us a hot lunch. The doctor greeted me warmly and the load of responsibility fell from me for the first time in three weeks. It was good to be back again, but I am looking forward to making another trip and staying all summer, just as soon as navigation opens in June.

I had numerous other cases in Canada Bay, answering calls to all parts of the surrounding country. Living conditions are poor and yet the people amazingly contented. A lot of my time was spent in teaching diet and general health measures. Beri-beri exists here still from lack of foods containing vitamin B. There is much scope for public health, dietetics and agriculture, besides general medical aid. All this makes me appreciate more than ever the standard of our nursing service in Canada.

It is a great life, and I love the scope and breadth of our work. I wish you could try it for yourself some day; you'd feel the same!

## The Riboflavin Content of Milk

Reports on the quantity of riboflavin in milk vary according to a number of biological assays, but consumers can rest assured that pasteurization does not destroy the riboflavin content to any appreciable extent. Actual riboflavin content of milk is said to be controlled by the breed of cow and by seasonal variations. It is said to be higher in summer than in winter; highest in Jersey cows, medium in Holsteins, and lowest in Guernseys and Ayrshires.

# STUDENT NURSES PAGE

## Reflections on an Afternoon at Baby Clinic

**Mary Boyd**
*Student Nurse*

*School of Nursing, Victoria Public Hospital, Fredericton, N.B.*

One of the many jobs of the Victorian Order of Nurses is the holding of a weekly well-baby clinic. I attended clinic on two afternoons in April — warm Spring days when babies were brought from far and near.

Babies are brought to clinic every week for the first six months and every two weeks thereafter. It is surprising the number of older children who come, boys and girls three and four years old. I, of course, was very interested in our own babies—babies that we had had in our case room and nursery. It is interesting to note the difference in babies after six months or a year. They all had had exactly the same start in the nursery but were sent home to vastly different environments.

There were three women in whom I became especially interested. They, at one time, belonged to an Opportunity Class (for backward children) and now two of them are doing a fine job at being mothers, while the third appears undernourished, unkempt, and dirty, and the baby is in the same condition. I was also interested to see scatter-brained girls, whom I knew in high school, making perfect mothers, discussing teeth, formulas, etc.

One other person interested me very much. She is a young English war bride, and told of her experiences while crossing the Atlantic, when she found herself in a very small cabin in a very crowded ship, along with seven other mothers and six babies besides her own. In the midst of this confusion she had gone to other parts of the boat to look after seasick, frightened older children.

But to get back to the clinic itself. It is here the mother brings all her problems—things that seem too unimportant to take to the family doctor — teething troubles, diet, stool, rashes, etc. Babies are weighed every week, and measured about once a month. Protruding navels are strapped down, tight foreskins are pushed back, and mouths are examined for tied tongues. Mothers are advised in regard to starting babies on nutrim, pablum, orange juice, white fish, egg yolk, vegetables, etc. The nurse also advises her when to have the child inoculated for whooping cough and diphtheria. Each baby has a card on which is recorded the weekly weight and measurement and any remarks such as "foreskin retracted." The nurse keeps a chart with the weight and measurement and anything of interest since the last weekly visit is recorded. She works in perfect harmony with the doctors of the city and is familiar with their preferences regarding new foods in the diet, etc.

The nurse showed me an emergency pack, which they were advised to have ready at the beginning of the war. It includes all the articles necessary for a home delivery.

If you think babies are uninteresting go down and visit the well-baby clinic for a little while some afternoon. You will find it a few hours well spent.

## A New Affiliation

Arrangements have been completed whereby an affiliation has been established between schools of nursing in Saskatchewan and the Saskatchewan Anti-Tuberculosis League. A teaching department has been set up at the Fort Qu'Appelle Sanatorium at Fort San, Saskatchewan. Early in June the first class of sixteen students was welcomed to the sanatorium.

The major objectives of the eight-week course are to prepare the student to recognize the opportunities for the prevention and control of tuberculosis and to give her an appreciation of the treatment and nursing care of the tubercular patient. Thus, as a graduate nurse, she will be able to apply the principles she has learned regardless of what field of nursing she chooses.

A great deal of credit is due to the League officials for making this course possible to the superintendents of nurses who recognize its value and have rearranged educational programs so as to give their students the benefit of such a course; also to the Saskatchewan Registered Nurses Association for its enthusiastic support.

## Manitoba Student Nurses' Association

The members enjoyed hearing Margaret Kerr, editor of *The Canadian Nurse,* and Gertrude Hall, general secretary of the C.N.A., at the monthly meeting in April. There was so much interest in the editor's talk that each school is sponsoring a drive among the student nurses for the purchase of the *Journal.*

Approximately two hundred members enjoyed the performance of "The Question of Figures", a play staged by members of the St. Boniface Hospital Student Dramatic Club. This was the opening number of the Association's May meeting when the constitution of the Association was adopted and the drawing of the prizes for the raffle was done by Frances Waugh, assistant executive secretary of the M.A.R.N. The meeting closed with election speeches for officers for 1945-46, the results being as follows: president, L. McDonald, St. Boniface Hospital; vice-presidents, S. Bickwell, Grace Hospital; H. McGavin, Winnipeg General Hospital; P. Scott, St. B. H.; treasurer, I. Stuart, St. B. H.; recording secretary, A. McBain, St. B. H.; corresponding secretary, J. Simpson, W.G.H.

# Book Reviews

**Patients have Families, by Henry B. Richardson, M.D., F.A.C.P., Associate Professor of Clinical Medicine, Cornell University Medical College. 408 pages.**

# What is "Acid-Moisture"?

$C_5H_4N_4O_3$
$NH_3$
Z.B.T
BABY POWDER
WITH
OLIVE OIL
TALC • OLIVE OIL
DUST ON FREELY
NET WEIGHT

## How Z. B. T. Baby Powder Helps to Resist Moisture Dermatitis in Infants

Dermatitis in infants brought about by wet diapers, clothes and bed clothes is a common and troublesome condition. Because of it the busy physician is often faced with questions from anxious mothers. While normally acid because of uric acid content $(C_5H_4N_4O_3)$, urine is sometimes converted into an alkaline irritant in the "ammoniacal diaper" by urea-formed ammonia $(NH_3)$.

On the basis of simple mechanical protection, the use of Z.B.T. Baby Powder with olive oil helps to resist moisture dermatitis. Z.B.T. clings and covers like a protective film—lessens friction and chafing of wet diapers and shirts. The mechanical moisture-resisting property of Z.B.T. may be clearly demonstrated. Smooth Z.B.T. on the back of your hand. Sprinkle with water or other liquid of higher or lower pH. Notice how Z.B.T. Baby Powder keeps skin dry as the drops roll off. Compare with any other baby powder.

**Z. B. T.—the only baby powder made with olive oil**

Published by The Commonwealth Fund, 41 East 57th St., New York City 22. Price $3.00.

*Reviewed by Electa MacLennan, Assistant Secretary, Canadian Nurses Association.*

Under the auspices of the faculties of public health, medicine and psychiatry of Cornell Medical College, a group of eminent specialists in public health, preventive medicine, nursing, social work and psychiatry, have undertaken a unique research in co-operative thinking about illness in families. "Patients have families" is the first presentation of the findings of this study. Although Dr. Richardson addresses his book to the medical profession, there is much for public health nurses and case workers. The book is written, for the most part, in an easy readable style, but the author uses highly technical phrases and at times seems to get lost in the jargon of his specialty.

The purpose of "Patients have families" is to present "(a) the value to the medical profession of seeing the patient as a personality and as part of his family constellation, and (b) the essential contribution which can be made by psychiatry and the 'social disciplines' (i.e. professions) to this view of the patient and to treatment plans geared to such an emphasis".

In the introduction the author clarifies the area of interest covered by the study, of which this book is but the initial report, thus: "The profession of medicine progressed from the diseased organ to the total personality of the patient and is now ready for the concept of the individual as a member of a family in its community setting . . . other professions think of the family unit as naturally as a doctor thinks of a patient . . . Some nursing services also start with the family in the community and proceed . . . from family health to individual health to sickness . . . The time is now ripe for a co-ordinated attack on the problems of family adjustment in relation to the maintenance of health and the treatment of illness".

"Patients have families: hospitals have patients: therefore the hospital has something to do with the family". Thus does the author introduce his readers to the problem undertaken by the study group to prove and support this apparently self-evident syllogism. In Parts 1 and 2, through the medium of case history analyses, we are shown "The Family as a Unit of Illness" and "The Family as a Unit of Treatment". These analyses show that hospital case histories are oriented to the search for a diagnosis and, over a period of more than five years, case histories reveal only individual diagnoses and say nothing about the family. Thus, though hospitals have patients and patients have families, the conclusion that hospitals have something to do with the families could not be established in the discussion of "The Family as a Unit of Treatment". The interrelationship of the work of the physician, psychiatrist, case worker and public health nurse is clearly set forth in these chapters.

The presentation of the part of the public health nurse in the treatment of the family as a unit is set forth in excellent fashion. "The public health nurse . . . in addition to her remedial activities is interested in prevention in a direct sense: in maintaining family equilibrium before it has a chance to break down", and, if I may be permitted one more quotation: "The public health nurse bears a resemblance to the doctor in her interest in medicine; to the bedside nurse in her basic training; to the medical social worker in her knowledge of the community and its medical resources; to the family case worker in having a base in the community and an interest in the family as a fundamental unit of practice. The condition which is constant for all of these is her interest in prevention, through which she gets into action earlier than the others, often before the disturbances of the family equilibrium have taken the form of illness".

In Part 3, "Present and Future", the author touches briefly on the stresses and strains, emotional as well as physical, which the war has placed upon our family structure causing a disturbing break-up of the family as a unit. This report is concluded with a short discussion on "The Family Unit as a Subject of Research", in which the author depicts the techniques adopted in conducting this "family study". The book is carefully and fully documented throughout. In the extensive appendices we find

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examples of the professional techniques used by the Committee, the lay-out of the Study, and a glossary of psychiatric terms. These appendices are of considerable value in making this book a real and useful contribution to the literature of family studies.

**Cheating Your Children**, by S. R. Laycock, Ph.D., and Alan Brown, M.D., F.R.C.P. 36 pages. Published by The National Committee for Mental Hygiene (Canada), 111 St. George St., Toronto 5. 1945. Price 15 cents.

Dr. Laycock and Dr. Brown presented this series of nine talks on the School for Parents conducted by the Canadian Broadcasting Corporation. They are written in the language of the layman with copious case illustrations and would make an excellent addition to the child health conference library shelf. The topics covered include cheating the child of love, independence, success, approval, self-esteem, friends, clear minds, good characters and good bodies.

**The Control of Communicable Diseases**, an official report of the American Public Health Association, published under their auspices at 1790 Broadway New York 19. 146 pages. 6th Ed. 1945. Price 35 cents; special rates for large numbers of copies. French translation available.

First published in 1916, this handbook has been fully revised and brought into line with present-day knowledge of the wide range of communicable diseases. Each disease is briefly described with regard to its clinical and laboratory recognition, the etiologic agent, the source of infection, the mode of transmission, the incubation period, the period of communicability, susceptibility and immunity, prevalence and methods of control. A concise, useful text for every nurse to own.

**The Attendant's Guide**, by Edith M. Stern, in collaboration with Mary E. Corcoran, R.N., psychiatric nursing adviser, U. S. Public Health Service.

Keeps Shoes
Professionally
White
2 IN 1
WHITE CLEANER
25
2 IN 1
WHITE

Easy to put on, hard to rub off . . . 2 IN 1 White is a special help to nurses . . . keeps all kinds of white shoes whiter . . . helps preserve leather.

104 pages. Published by The Commonwealth Fund, 41 East 57th St., New York 22. 1945. Price 50 cents; special rates for large numbers of copies.

With mental hospitals employing more attendants than ever before in their history, a comprehensive outline of their functions and duties makes a useful addition to the growing list of available material for aides. Hospitals which provide a course for attendants will find this publication useful as a reference text. For those institutions where no particular instruction is given, "The Attendant's Guide" presents a clear picture of desirable practices.

Part 1 outlines the general routines of hospital care. Instructions regarding ward housekeeping, ventilation, personal hygiene of the patients, clothing care, meal-time routines, exercise, etc., are given with simple, practical suggestions which may make for a much better ward atmosphere. Part 2 describes the various types of personalities the attendant will encounter. The wise advice on the handling of disturbed individuals will make for much smoother service. "Nobody likes being pawed, so keep your hands off patients. Never show annoyance, surprise or disgust . . . Explain what you are doing and why, and praise improvement . . . Invalids, physical or mental, are not punished; they are treated". Part 3 discusses the future for attendants in this type of work.

**REGISTERED NURSES' ASSOCIATION OF BRITISH COLUMBIA**
**(Incorporated)**

**An examination for the title and certificate of Registered Nurse of British Columbia will be held September 11, 12 and 13, 1945.**

**Names of Candidates for this examination must be in the office of the Registrar not later than August 11, 1945.**

**Full particulars may be obtained from:**
**ALICE L. WRIGHT, R.N., Registrar**
**1014 Vancouver Block, Vancouver, B.C.**

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**Asepsis in Communicable-Disease Nursing**, by Ella Hasenjaeger, R.N., M.A. 182 pages, 27 illustrations. Published by the J. B. Lippincott Company; Canadian office: Medical Arts Bldg., Montreal 25. 2nd Ed. 1944. Price $2.00.

Every step in the establishment of adequate technique in the care of patients having a communicable disease is carefully described. To make learning more positive, there are excellent posed illustrations. Part 1 outlines the principles of medical asepsis — to limit the infecting micro-organisms to a small area; to limit infectious material to the fewest possible number of articles; to prevent contact infection, etc. Detailed instructions applicable to every type of infectious nursing care are outlined. A section on the application of these rules to army hospitals is included. Part 2 will be especially useful to instructors and ward teachers as the various methods of instruction are discussed and illustrated. There is an extensive reference bibliography designed to encourage broader reading on the numerous aspects of aseptic care.

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**How Shall I Tell my Child**, by Belle S. Mooney, M.D. 192 pages. Published by Longmans, Green & Co., 215 Victoria St., Toronto 1. 1944. Price $2.50.

Sub-titled, "A Parents' Guide to Sex Education for Children", this book is valuable for its simplicity, clarity and commonsense. The whole problem of *who*

Lucky you . . . Have a Coca-Cola

Whether it's a bridal shower that marks a lifetime turning point—or merely an everyday incident, friends like to show you how they feel. They rely a lot on *the pause that refreshes* with ice-cold Coca-Cola—because the invitation *Have a Coke* rates high in the language of friendship.

Drink
Coca-Cola
TRADE MARK
Delicious and
Refreshing

**WANTED**

Applications are invited **immediately** for Staff positions with the Department of Public Health and Welfare, Halifax, Nova Scotia. Apply, stating qualifications, in care of:

**Supervisor of Nurses, Department of Public Health & Welfare,**
**c/o Dalhousie Clinic Bldg., Halifax, N.S.**

should give the instruction is discussed. Dr. Mooney places the responsibility squarely where it belongs "on the parents' shoulders". She recognizes that the reason so many parents shirk their teaching responsibility is because they find their own knowledge of facts and vocabulary either hopelessly immature or so crusted over with taboos they shrink from bringing the information out into the open. In an understanding fashion, Dr. Mooney advises parents *how* to answer the questions their children ask. She goes further and answers a host of questions which parents themselves have asked her. To solve the problem of *when* to start sex education, parents are advised "to think less in terms of age and number of birthdays and more in terms of individual capacities".

## Victorian Order of Nurses for Canada

The following are the staff appointments to, transfers and resignations from the Victorian Order of Nurses for Canada:

The following nurses, who have been on leave of absence with scholarships from the Victorian Order of Nurses for Canada, hav-

TORONTO HOSPITAL FOR TUBERCULOSIS

Weston, Ontario

THREE MONTHS POST-GRADUATE COURSE IN THE NURSING CARE, PREVENTION AND CONTROL OF TUBERCULOSIS

is offered to Registered Nurses. This includes organized theoretical instruction and supervised clinical experience in all departments.

**Salary** — $80 per month with full maintenance. Good living conditions. Positions available at conclusion of course.

*For further particulars apply to:*

**Superintendent of Nurses, Toronto Hospital, Weston, Ontario.**

ROYAL VICTORIA HOSPITAL

SCHOOL OF NURSING
MONTREAL

COURSES FOR GRADUATE NURSES

1. A four-months course in **Obstetrical Nursing.**
2. A two-months course in **Gynecological Nursing.**

*For further information apply to:*

**Miss Caroline Barrett, R.N., Supervisor of the Women's Pavilion, Royal Victoria Hospital, Montreal, P. Q.**

*or*

**Miss F. Munroe, R. N., Superintendent of Nurses, Royal Victoria Hospital, Montreal, P. Q.**

ing completed their course in public health nursing at the University of Toronto have been posted as follows: *Doris Small,* Owen Sound, Ontario; *Vivian Dodd,* Napanee, Ontario; *Margaret McPherson,* Walkerton, Ontario; *Elizabeth Hicks,* Porcupine, Ontario.

The following nurses have been appointed to the Toronto staff: *Lola Pearsall* (St. Paul's Hospital, Saskatoon, and public health course, University of Toronto); *Dorothy Rogers* and *Isabel Oliver* (Victoria Hospital, London; B.Sc.N. University of Western Ontario).

The following nurses have been appointed to the London staff: *Margaret Bain* (St. Joseph's Hospital, London, and public health course, University of Western Ontario); *Jean Burgoin* (Victoria Hospital, London, and public health course, University of Western Ontario); *Ruth Burston* (Royal Victoria Hospital, Montreal, and public health course, University of Western Ontario).

The following nurses have been appointed to the York Township Branch: *Ruth M. Kidd* (Victoria Hospital, London, and public health course, University of Western Ontario); *Joy Robinson* (University of Toronto School of Nursing).

*Mary McLean* (St. Joseph's Hospital, Victoria, and public health course, University of British Columbia) has been appointed to the Kingston staff.

*Grace Grant* (Hospital for Sick Children, Toronto, and public health course, University of Toronto) has been appointed to the Timmins staff.

*Mildred Williams* (Royal Jubilee Hospital, Victoria, and public health course, University of British Columbia) has been appointed to the Victoria staff.

*Nancy Bolton* (Vancouver General Hospital, and public health course, University of British Columbia) has been appointed to the Surrey staff.

*Helen Furlong* has been transferred from the Peterborough to the Ottawa staff. *Florence Goward* has been transferred from the Vancouver to the West Vancouver staff.

*Margaret Graham,* from the Saskatoon staff, and *Kathleen Tapp,* from the West Vancouver staff, have resigned to be married. *Norma Beckett* has resigned from the Winnipeg staff. *Kathlyn MacDonnell* has resigned from the East York staff.

## Obituaries

**Mary Florence Galbraith** died recently in Toronto. Miss Galbraith was a graduate of the Toronto General Hospital and a member of the Class of 1906. She was engaged in private duty for some time, then joined the Toronto staff of School Nurses. She held this position until 1915, when she joined the No. 4 Canadian Hospital Unit. While overseas she served in France, Malta, Greece, England and on hospital ships.

**Margaret D. Kelman,** who more than fifty years ago graduated from the General and Marine Hospital, St. Catharines, and St. Michael's Hospital, Toronto, died recently in Toronto. For many years she was superintendent of the hospital in North Bay founded by the Victorian Order of Nurses. Later, for twenty-five years, she was on the staff of the St. Elizabeth Visiting Nurses' Association, Toronto.

**Mrs. A. H. King** (Annie Orr) died recently. Mrs. King was a graduate of St. Luke's Hospital, Ottawa, and a member of the Class of 1920.

## NEWS NOTES

### ONTARIO

*Editor's Note*: District officers of the Registered Nurses Association may obtain information regarding the publication of news items by writing to the Provincial Convener of Publications, Miss Gena Bamforth, 54 The Oaks, Bain Ave., Toronto

### DISTRICTS 2 AND 3

BRANTFORD:

Members of Districts 2 and 3, R.N.A.O., met recently at the Brantford General Hospital with Kathleen Cowie, chairman, presiding. The invocation was given by the

Black Stockings Hard to Get?

Nurses - in - training, who must wear black, have stocking troubles too. The ideal solution is All-Fabric Tintex Dye. Dye any stockings BLACK — it's quick, easy! And All-Fabric Tintex is guaranteed! All-Fabric Tintex Dyes are sold everywhere!

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FAST DYES AND TINTS

"NUGGET" TRADE MARK
WHITE DRESSING
FOR BUCKSKIN AND CANVAS BOOTS AND SHOES, BELTS HELMETS, ETC.

NUGGET WHITE DRESSING

*(the cake in the non-rust tin)*

A grand White for White Shoes

**It takes Nugget White Dressing to keep your White shoes looking their best.**

**Nugget is also available in Black, and all shades of Brown.**

Frosst "217" tablets

FOR RELIEF OF PAIN

QUICKLY—SAFELY

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| Acetophen | 3½ gr. |
| Phenacetin | 2½ gr. |
| Caffeine citrate | ½ gr. |

Tubes of 12, and bottles of 40 and 100 tablets.

DOSE: One or two tablets as required.

Sample Packages of Frosst "217" Tablets will be sent on request.

The Canadian Mark of Quality Pharmaceuticals Since 1899

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Charles E. Frosst & Co.
MONTREAL CANADA

PREPARATORY ANATOMY & PHYSIOLOGY

By B. A. Bennett. A new English textbook for nurses in training, Girl Guides and others who wish a simply-written book. The eleven chapters discuss the framework and organs of the body; the circulatory, digestive, excretory, nervous and reproductive systems, and the system of ductless glands. 96 pages, 64 illustrations. $1.75.

CLINICAL PROCEDURES & THEIR BACKGROUND

By Agnes E. Pavey, Examiner to the General Nursing Council for England and Wales. A new English textbook for senior nursing students. It shows the significance for clinical work of the findings of pathologist and bacteriologist. It discusses: thoracic radiography, blood grouping and transfusions, x-ray and radium therapy, shock therapy, etc. 331 pages. 43 illustrations. $3.00.

THE RYERSON PRESS
TORONTO

Rev. H. W. Mollins and greetings from the medical staff were extended by Dr. D. G. Twiss. An interesting report of the activities of the Districts was presented by Marie Felpush. Mr. George Goodfellow addressed the gathering on war conditions in England. At supper, served by the B.G.H. Alumnae Association, Dr. A. Overholt told the members of the work of the nursing sisters in Italy. Florence Walker, associate secretary of the R.N.A.O., gave a brief talk on the work of the organization. Piano and vocal solos were rendered by Shirley Campbell and Elizabeth Russell, student nurses.

An impressive Vesper Service was held in May in Central Presbyterian Church, Brantford. The Rev. J. Kelman addressed the nurses and anthems were sung by a choir of student nurses. Mrs. R. Hamilton rendered a vocal solo.

### *Brantford General Hospital:*

At a well attended meeting of the Alumnae Association Dr. C. R. Rudolph spoke on anesthesia and Mr. T. A. Staples, Dominion Oxygen Company, gave an informative address on oxygen therapy and showed pictures illustrating the administration of oxygen.

## DISTRICT 8

### OTTAWA:

At a recent meeting of District 8, R.N.A.O., seventy members were present. The session opened with a few words of thanksgiving for the end of hostilities in Europe. Mrs. Stewart, representative to the Wartime Prices and Trade Board, reported on the shortage of uniforms, hose and shoes, and it was decided that a higher priority for these articles for nurses be forwarded to the Administrator of the W.P.T.B. Complaints were voiced as to the finishing of garments. The report of *The Canadian Nurse* circulation, presented by Evelyn Shiels, showed that twenty-three new subscriptions and four renewals had been received. Several have taken advantage of the new offer of three years for $5.00. Reports of the R.N.A.O. convention were presented by W. Cooke, C. Livingston, and Miss Sabourin. Miss Landon was appointed to the executive as representative to the General Nursing Section.

Dr. J. E. Plunkett gave an informative address on "The Cardiac Patient". Slides served to emphasize the main points in this discussion. Hazel Latimer moved a vote of thanks to Dr. Plunkett.

### *Ottawa Civic Hospital:*

The following nurses from the O.C.H. recently attended a refresher course in teaching and supervision in Toronto: G. Ferguson, H. Tanner, D. Johnson, D. Grieve, M. MacFarlane, L. Patterson, K. Dooley.

## QUEBEC

**MONTREAL:**

*Children's Memorial Hospital:*

Dora Parry, superintendent of nurses, spent a short period of observation at the Children's Hospital in Boston during the latter part of April. Recent additions to the staff are: Anne H. Dubé (Hôpital Ste. Jeanne D'Arc, Montreal); Jean MacDougall (Royal Jubilee Hospital, Victoria). Jessie Watt and Phyllis Bierling have resigned.

*St. Mary's Hospital:*

The St. Mary's Hospital School for Nurses Alumnae Association recently entertained the 1945 graduating class at a dinner. T. DeWitt, C. Lewis, D. Sullivan and Mrs. T. Cherry were in charge of arrangements.

Adela Marwan, who resigned recently from the operating room staff, has returned to us as supervisor of the medical wing, 2nd floor. She replaces Joan Tallon who will spend the next few months in Cornwall.

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## SASKATCHEWAN

**HUMBOLDT CHAPTER:**

This Chapter reports a three-day refresher course given by Grace Giles, travelling instructor, which was attended by the Reverend Sisters and married nurses in the district.

**REGINA CHAPTER:**

Mrs. Mary E. McNeill (McKenzie) has resigned as registrar of the Regina Chapter. Mrs. Margaret Stark (Kahlo), her successor, is already known for her contributions in the past to professional activities in the province. Eleanor Worobetz, president of the Regina Chapter, is congratulated on the recognition recently bestowed upon her brother, Capt. Stephen Worobetz, M.C., for distinguished services rendered in action in Italy.

*Saskatoon City Hospital:*

Fifty graduates from the Saskatoon City Hospital recently met in the Hotel Georgia, Vancouver, for a reunion. Classes from 1930 to 1944 were represented and members came from various centres throughout the province.

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Colour experts have found that paints of green and blue shades tend to avert nausea of passengers when applied to the interior of airplanes, while yellows and browns tend to increase the unpleasantness.

When First Real Meals Upset Baby

About 75 per cent of babies are allergic to one food or another say authorities. Which agrees and which does not can only be determined by method of trial. In case such allergic symptoms as skin rash, colic, gas, diarrhea, etc. develop, Baby's Own Tablets will be found most effective in quickly freeing baby's delicate digestive tract of irritating accumulations and wastes. These time-proven tablet triturates are gentle — warranted free from narcotics — and over 40 years of use have established their dependability for minor upsets of babyhood.

BABY'S OWN Tablets

For Those Who Prefer The Best

Cinderella

WHITE TUBE CREAM

will

Make Your Shoes Last Longer
Give A Whiter Finish
Prove More Economical To Use.

Made in Canada

For Sale At All Good Shoe Stores
From Coast to Coast.

## WANTED

**Vancouver General Hospital** desires applications from **Registered Nurses for General Duty.** State in first letter date of graduation, experience, references, etc., and when services would be available. Eight-hour day and six-day week. **Salary:** $95 per month, living out, plus $19.92 cost of living bonus, plus laundry. One and one-half days sick leave per month accumulative with pay. One month vacation each year with pay. **Note:** The Hospital can obtain exemption for accommodation from Emergency Shelter Administration. The nurse is not exempt, excepting through employ of Hospital. Apply to:

**Miss E. M. Palliser, Director of Nurses, Vancouver General Hospital,**
**Vancouver, B. C.**

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## WANTED

**General Duty Nurses,** registered or graduates, are required for the **Lady Minto Hospital.** The salary is $90 and $80 per month, with full maintenance. Apply, stating full particulars of qualifications, to:

**Lady Minto Hospital, Cochrane, Ont.**

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## WANTED

Applications are invited **immediately** for the positions of **Science Instructor** and **Nursing Arts Instructor** for a School of Nursing of 150 students in a 335-bed hospital in **Alberta.** Apply, stating qualifications and salary expected, in care of:

**Box 7, The Canadian Nurse, 522 Medical Arts Bldg., Montreal 25, P.Q.**

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## WANTED

A permanent position is available for a **General Duty Nurse** in a modern 37-bed hospital. Salary, $100 per month; 8-hour day. For more information write or wire to:

**Superintendent, Flin Flon General Hospital, Flin Flon, Man.**

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## WANTED

Two experienced **Operating Room Nurses** are required. **General Staff Nurses** are also wanted for day and night duty. 8-hour day; 6-day week. Apply to:

**Superintendent of Nurses, Toronto Hospital for Tuberculosis, Weston, Ont.**

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## WANTED

Registered Nurses are required **immediately** for **General Duty** in **Ex-Servicemen's Pavilion.** Nurses are also required for **Operating Room** and **Obstetrical Unit.** Salaries depending upon experience. Full maintenance living out. Railway fare to Edmonton refunded after six months' service. Apply, stating experience, to:

**Superintendent of Nurses, University Hospital, Edmonton, Alta.**

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## WANTED

A Registered Nurse is required as **Night Supervisor;** three Registered nurses are also required for **General Staff Duty.** Eight-hour day and six-day week, with full maintenance. Apply, stating salary expected, to:

**Superintendent, Shriners' Hospitals for Crippled Children, Montreal Unit,**
**Montreal 25, P. Q.**

### WANTED

A **Senior Instructor of Nurses** is required for a Training School of 60 pupils. Salary, $135 per month. Apply, stating qualifications, age, religion, etc., to:

**Superintendent, Glace Bay General Hospital, Glace Bay, N.S.**

### WANTED

A **Tuberculosis Unit Supervisor** is required for a Tuberculosis Unit of 48 beds. Salary, $105 per month; 8-hour day; 6-day week. Apply, stating qualifications, age, religion, etc., to:

**Superintendent, Glace Bay General Hospital, Glace Bay, N.S.**

### WANTED

A qualified **Instructress** is required **immediately** for a 120-bed hospital. Apply, stating qualifications, experience, and salary expected, to:

**Superintendent, General & Marine Hospital, Owen Sound, Ont.**

### WANTED

A **Lady Superintendent** and **two nurses** are required for the **Barrie Memorial Hospital in Ormstown. For full particulars write to:**

**The Medical Superintendent, Barrie Memorial Hospital, Ormstown, P.Q.**

### WANTED

**An Assistant to the Superintendent of Nurses is required by the Sherbrooke Hospital. Applicants must also be able to assist with the instruction for a rapidly-expanding English School of Nursing. Position available immediately. Apply, stating qualifications, experience, and salary expected, to:**

**Superintendent of Nurses, Sherbrooke Hospital, Sherbrooke, P. Q.**

### WANTED

**General Duty Nurses are urgently required for a 350-bed Tuberculosis Hospital. Forty-eight and a half hour week, with one full day off. The salary is $100 per month, with full maintenance. Excellent living conditions. Experience unnecessary. Apply, stating age, etc., to:**

**Miss M. L. Buchanan, Supt. of Nurses, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, P. Q.**

### WANTED

A qualified **Dietitian** is required for a 117-bed General Hospital. Apply to:

**Superintendent, St. Joseph's Hospital, Peterborough, Ont.**